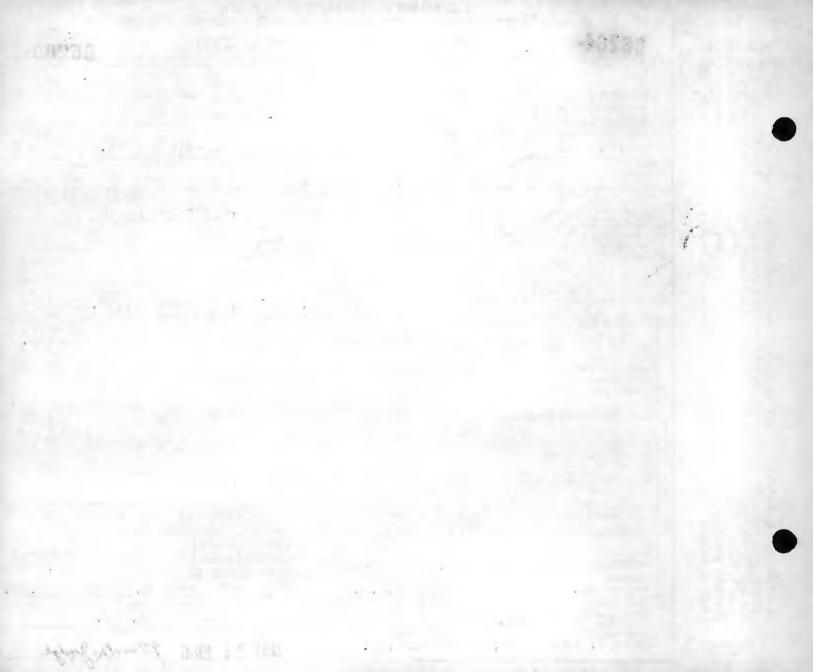
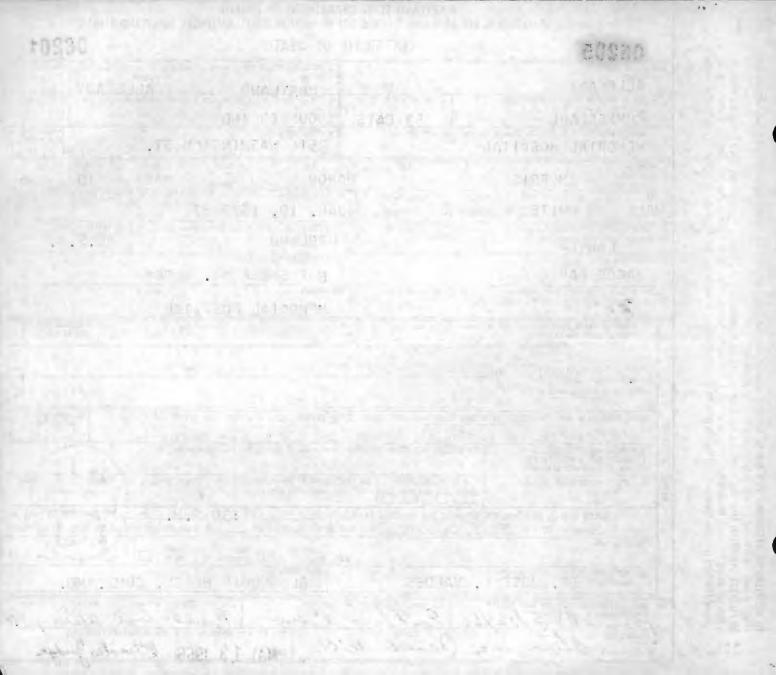
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DEPE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland 50 years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with farm Memorial Hospital Route 2. Williams Rd. NO X in Item 18. Give Pages ate 24 hours after death, 3. NAME OF First Middle Lost 4. DATE Month Dov DECEASED May 19 within Clyde A. Ballou DEATH (Type or print) October 17, 1886-77 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Days White WIDOWED Male 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Railroad Auburn, Kansas Retired Machinist Examiner pencil 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Unknown Unknown pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removal. John E. Ballou, Cumberland, Md. Son INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: used as a burial-trans burial, crematian, or Gunshot of Head IMMEDIATE CAUSE (o) _ This certificate should writing the ward DUE TO (Self-Inflicted) Conditions, if ony, which gove rise to immediate couse (a), farwarded to DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO I agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING Page 4 should CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour a.m. While factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at work at work Inspection E Inquiry 1. 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinion death resulted fram: Natural causes Accident . Suicide 🔀 Hamicide Undetermined manner the funeral director. be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE May 19.1966 O DEPUTY DEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** Address (Street, city, town, or county) Rt.9Cumberland.Md. NAME (Type) Dr. Benedict Skitarelic. N.D. O FUNE Health 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Burial Burial Cumberland, Md. Hillcrest Burial May 22,1966 Park 25b. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 24._FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06205	CERTIFICATE	OF DEATH		06201
within /2 hours after deep	PLACE OF DEATH o. CQUNTY ALLEGANY b. CITY OF TOWN (If outside corporate limits, write RURAL and give necrest town) CUMBERLAND	c. LENGTH OF STAY IN 16	O. STATE	corporate limits, write RURAL and	GANY
	d. NAME OF HOSPITAL OR INSTITUTION (IF not MEMORIAL HOSPIT	in haspital, give street address)	d. STREET ADDRESS	NGTON ST.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF Firs DECEASED (Type or print) MORRIS	BA	ARON	DATE Month OF MAY	Day Year 10 19 66
	MALE WHITE	WIDOWED DIVORCED	B. DATE OF BIRTH JAN. 19, 187	9 8 19st birthday) Manth	DER 1 YEAR IF UNDER 24 HRS. IS Days Haurs Min.
di	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if refired) LAWYER 3. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	POLAND 14. MOTHER'S MAIDEN NAME	,	COUNTRY? A
	JACOB BARON S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	BATHSHEBA INFORMANT		
0	Yes, na, o sknawn) (If yes give war ar dates af	service)	MEMORIAL H		INTERVAL BETWEEN
	stating the underlying cause lost.	Beart facts Berkes her	or blue		ONSET AND DEATH
CERTIFICATION	CACELED CLERATO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF FITHER NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT NOT RELATED TO REV. D., Much 20b. DESCRIBE HOW INJURY OCCURRED.	ple compl	lientron	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While at wark at wark at wark	CE OF INJURY (Home, form, lary, street, affice bldg., etc.)	5-10	(County) (State)
/	21. I certify that (I) (this hosp sow the deceased alive an \$22a. SIGNATURE) 22c. PHYSICIANS NAME (Type) DR. JOSE		D. ATTENDING MED. D. PHYS. DIRECT	M, from causes and o	n the date stated above DATE SIGNED 6-11-66
2	30. BURIAL, CREMATION, 23b. DATE THEF EMOVAL (Specify) 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	CREMATORY Cam. 25a. REC'D BY	40.00.00	(County) (State) Allogany ME S SIGNATUSE Ples Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WEN Md. Allegany Region ###### MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyndman . Pa. Illi davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Rural d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Secred Heart Hosnital NAME OF Middle Last 4. DATE Month Dov Year DECEASED (Type or print) Barteis DEATH William May requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED 10 76 yrs. DIVORCED White 7/6/89 Male 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** or removol, and Retired Rubber Worker Kelly-Springfield II S A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Ellen Miller Michael D Bartgis 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL SECURITY NO. Donald W. Bartgis (Yes, no, or unknown) (If yes give wor or dates of service) Patient's chart signed by the attent burial-tronsit permits burial, cremotion, o 214-05-5968 Routel, Bx147 Hyndman Pa 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremic Poisoning IMMEDIATE CAUSE (o) DUE TO Acute Renal Failure li Nk. Conditions, if ony, which gove rise to immediate couse (a). stating the underlying couse has been the th Acute Hemorragic Cystitis&Diverticulitis 3 Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Thrombophlebitis with pulmonary embolism. Diabetes mellitus YES | NO Y O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Store) Not While foctory, street, office bldg., etc.) of work of work 21. I certify that (I) (this haspital) attended the deceased from March 26, 1966, taMay 9, 1966, that (I) (we) last saw, the deceased glive an May 9, and that death accurred at 12:50 Mram causes and an the date stated above. saw the deceased alive an May 9 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. alleran Mit 5-11-66 M.D. PHYS. 226 PHYSICIAN'S 22d. ADDRESS NAME (Type) 110 Bedford Street Dr. James Hallinan Cumberland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) BUTTA (Specify) May 12, 1966 Mt. Savage Methodist Cem. Mt. Savage Allegany REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 230 Baltimore Ave. Cumberland MAY

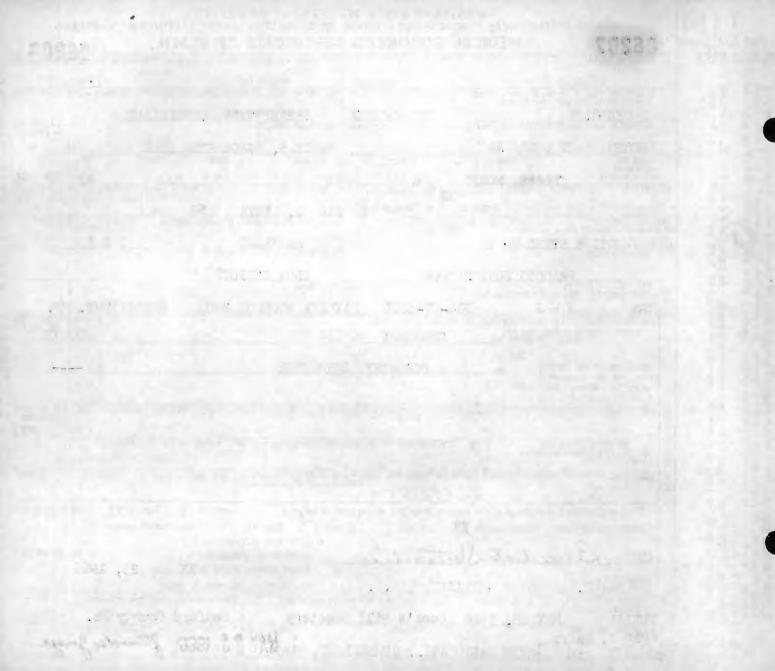
MARYLAND STATE DEPARTMENT OF HEALTH

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	05207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. COUNTY	aum ssion
	ATTEGANY MARYLAND MARYLAND ATTEGANY	
cessary the funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give near write RURAL and give near town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give near write RURAL and give near town)	
cess: the func 5 may Departm fter dea	CUMBERIAD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RE	COLOCHO
Page 5 to the Pa	ON A	ESIDENCI FARM?
Page Page Page Page Page Page Page Page	SACRED HEART HOSPITAL ROUTE 5, WINCHESTER ROAD YES 3. NAME OF First Middle Lest 4. DAYE Month Day Y	NO _
PM3. PM3. Ph the St.	(Type or print) MASKY MOSBY & BOOR DEATH MAY 23 19	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IFUND	ER 24 HR
10000000000000000000000000000000000000	MALE WHITE WIDOWED DIVORCED JAN 2 1974 52 yrs.	* Min.
	10e, USUAL OCCUPATION (Give kind of work done of the line of the l	AT
e e e	CONSTRUCTION STEEL WORKER MARYLAND USA	
118 18 18 18 18 18	13. FATHER'S NAME	
124 hours in Item 18 Office at File page	FRANCIS JOSEPH BOOR ALMA ELL.TOTT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMABLE Address	
	(Yes, no, or unknown) (If yes give war or detes of service) YES W W 2 216-07-8820 KATHRYN WOODRUM BOOR CRESAPTOWN MD.	
within pencil i miner's permit, removal	18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (o).]	ETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION SUDDE	DEATH
emonted ding" is for Exa fransit	4201 DUE TO	
and the control of th	Conditions, if eny, which GORONARY SCLEROSIS	
of the second of	cause (a), eteting the DUE TO underlying cause last, (c)	
EXAMINER. This certificate should be executed certificate, writing the word "pending" in hould be forwarded to the Chief Medical Examples. R. Page 3 should be used as a burial-transit signated agent, prior to burial, cremation, or		AUTOPSY DRMED?
R: This certificate ate, writing the forwarded to the 3 should be used agent, prior to bu	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES 20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.) CAUSE OF DEATH.	NO
d to die	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Part II or Part II of Item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	
writ arde outd tt, pi		(District)
R: This cerate, writing forwarded 3 should 1 agent, priving	factory street office bidg. etc.)	(Stete)
tiffic be be ted		v opinio
redical Examiner. The cute the certificate, age 4 should be forw r your files. DIRECTOR: Page 3 sh its designated agen it its designated agen	21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry, and in my death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	/ Upinio
## 5 5 8	CHIEF MEDICAL EXAMINER	
MEDICACUTE TRANSPORTED TO THE PAGE 4 STORY SOUR TO THE COLUMN TO THE COLUMN T	SIGNATURE Senedict States M.D. ASSISTANT MEDICAL EXAMINER 22, DATE	E SIGNED
T se t a f	EXAMINER'S DEPUTY MEDICAL EXAMINER XX May 23, 1966	
DEPUTY Molease execution of Health o	NAME (Type) DR. BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) ((State)
Sales Se	BURIAL MAY 26, 1966 Cook's Mill Cemetery Bedford County Pa.	
, - p	24. T FUNERAL DIRECTOR ADDRESS 252 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR AI5ME (5) SM 1/65	Hater 1230 BALTO AVE. CUMBERLAND, MOMANY 25 1966 Charles Judge	-

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAYE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE delay is and 3 ta af after death. Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 years Cumberland Cumberland d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Office along with farm 11 Altamont Terrace 11 Altamont Terrace YES NO IN in Item 18. Give Pages after death. 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED OF Oliver 66 Salby Boslev May 21 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED Manths Dovs Haurs Nov. WIDOWED Male White DIVORCED 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired Telegrapher COUNTRY? Barton, Maryland Railroad USA d "pending" in pencil in Chief Medical Examiner's TA MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate shauld be executed within Amos Bosley Grace Liller and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, ng. or unknown) (If yes give wor or dates of service) ar remayal. 219-03-8287 Mrs. Virginia Cleo Bosley, Cumberland Md no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Occlusion burial-transit Coronary PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the ward burial, crematian, DUE TO Coronary Sclerosis Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NOXX please execute the certificate. agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH (City ar tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (Caunty) (Stote) Not While factory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page at work ot wark Inspection K. Inquiry XX 21. I certify that I took charge of the remains described above, held an Autopsy and in my apinion the funeral director. death resulted fram: Natural causes Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE) KX May 21, 1966 TO DEPUTY DEPLITY MEDICAL EXAMINER Address (Street, city, town, or county Cumberland, Md. **EXAMINER'S** SKITARELIC. BENEDICT M.D. Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. 0 Burial (Specify) May 24,1966 Cumberland, Md. Allegany Rose Hill Cemetery 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Charles VR A15ME (5) James F. Scarpelli, Cumberland, Md. 1966

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY and completely filled in by the 1 emove carbon papers. Pages 1 any event, within 72 hours after Allegany b. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 76 Years Westernnert Westernoort d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? 301 Maryland Ave. 301 Maryland Ave. YES 7 NO 🔨 executed within 3. NAME OF First DATE Month Middle DECEASED OF DEATH Clarence Bothwell May 66 (Type or print) 19 6. COLOR OR RACE | 7. MARRIED and con 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 9. NEVER MARRIED last birthday) | Months Days Hours 76 MaTe White WIDOWED | DIVORCED Anril 1890 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR INDUSTRY physicien n please 11. BIRTHPLACE (County & State, or foreign country) pe COUNTRY? U.S.A. Allegany. Maryland Brakeman Railmoad certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FUNERAL DIRECTOR: After this certificate has been signed by the attending princetor, page 3 should be detached for use as the burial-transit permit. Then could be filed with the State Dept. of Health prior to burial, cremation, or removal. Huch Bothwell Ethyl E. Sigler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address death Luke. Maryland Mrs. Mary Hopkins 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND ITALIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING P at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at _M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. ATTENDING director, page should be filed DIRECTOR PHYS M.D. 4 may 22c. PHYSICIAN'S 22d. ADDRES! NAME (Type) Wolverton James Page LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. 23b. DATE THEREO Philos Cemeterv Westernport. Md. 74766 ia. ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) Westernport, 15M 4-64

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AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY allegany MARYLAND eoanu o. CITY OR FOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Cumberland umberland filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? any event, within Washingt NO ton executed within completely 3. NAME OF DATE Middle Month DECEASED OF DEATH May (Type or print) llachan BWEN 19 66 AGE (In years | FUNOER 1 YEAR last birthday) | Months | Days DATE OF BIRTH IF UNOER 24 HRS ешоле 7. MARRIED NEVER MARRIED WIDOWED TA DIVORCED remale yrs. nding physician a Then please re removal, and in 12. CITIZEN OF WHAT E 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR LACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY Housewi FATHER'S NAME been signed by the attending pl the burial-transit permit. Then or to burial, cremation, or remova hau 16. SOCIAL SECURITY NO. (Yes, no, or unkown) umberland, Md INTERVAL BETWEEN 18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO (a), stating the prior t underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18. (IF EITHER, NOTHY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bigg., etc.) (County) (State) 2Df. (City or town) TIME OF INJURY Month, Day, Year Hour a.m. Not Waller ATTENDING be retained by at work at work ___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 to. .M. from the causes and on the date stated above. saw the deceased alive-on and that death occurred at. 22b. OATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. Page 4 may 22d. ADORESS PHYSICIAN'S NAME (Type) 50, CEMETERY OR CREMATOR 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REC'D BY REGISTRAR 25a. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06211 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death in by the funeral ers. Pages 1 and 2 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH · ALLEGANY WEST VIRGINIA COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEYSER 2 HRS. MIN CUMBERLAND e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS physician and campletely filled MEMORIAL HOSPITAL STAR RT.#1 BOX 56 YES NO T 3 NAME OF First Middle DATE Month Dov Year remave carban Lost DECEASED OF DEATH Noah W. BOYCE / 19 66 Type or print] MAY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS s SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED tost birthday) Months Davs Hours MAY 18.1966 MALE WHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY II.S.A CHARERLAND, MD. 13. FATHER'S NAME NOAH W. BOYCE THELMA KAYE ARNOLD signed by the attending burial-transit permit. In 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL, CUMBERLAND, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave nse to immediate cause (a), DUE TO stating the underlying couse t ta this certificate has been lost. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K far 20g ACCIDENT WAS UNDERLYING I 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, office bldg., etc.) of work at wark O FUNERAL DIRECTOR: After . 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 19. , ta Page 4 may be retained director, page 3 shauld shauld be filed with the and that death accurred of O P MM com causes and an the date stated above. saw the deceased alive an-22b. DATE SIGNED 220. SIGNATURE MED DIRECTOR **ATTENDING** STAFF PHYS M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S Cumber land, Md NAME (Type) Merico Valde ,M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) BURIAL, CREMATION, (Stote) REMOVAL (Specify) Potomac Valley Memo.Pk Keyser, W. Va. May. 20. 1966 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06212 CERTIFICATE OF DEATH . The low requires that the death certificate be executed within 24 haurs after death deoth. and completely filled in by the funeral remove carban papers. Pages I and in ony event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY ALLEGANY ALLEGANY MARYLAND MARYL AND CITY OR TOWN (If outside corporate iimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND 1 DAY CUMBERLAND. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1112 BEDFORD STREET NO X HOSPITAL 3 NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED 23, 1966 BRADY MAY MARGARET #0€ E. (Type or print) DEATH 9. AGE (+n years IF UNDER 1 YEAR S SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH last birthday) Davs Hours 12.1886 FEMALE WHITE JUNE DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) At Home COUNTRY? Housekeeper Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayo RACHEL GEORGE ESHELMAN RITCHIE IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, grunknown) [(If yes give war or dotes of service) 213-18-2823 HOSPITAL. CUMBERLAND. MD. cremotion. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (q). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Poge 4 may be retained by the haspital or attending physicion. DUE TO buriol Conditions, if any, which gave rise to immediate couse (a). DUE TO os the stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO YES 200 ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Harne, form, (County) (State) Hour a.m. factory, street, office bldg., etc.) at work at wark 21. I certify that (I) (this hospital) attended the deceased fram_ , 19 6 that (1) (we) last 55-7 19 10C . 10 5.23 1966, and that death accurred at 2 . 1 MATHEM causes and an the date stated above saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR director, page 3 should be filed v M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 441 IAMES. N. CENTRE ST. . CUMBERLAND. NAME (Type) W M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Yown) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specity) Everett Cemetery Everett Penna 2Sb REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) H. Lee Silcox Cumberland Harvland 21502 20 M 1/66



1 (M	MAR DWISION OF STATISTICAL RESE	YLAND STATE DEI	PARTMENT OF 301 W. PRESTO	HEALTH V STREET, RALTIMO	RE 1. MARYLAND
يز المالية	06218		E OF DEATH		06209
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a, COUNTY				titution: Residence before admission)
er o	ALLEGANY	MARYLANO	a. STATE	RYLAND b. COUN	ALLEGANY
hours after d in by the f rs. Pages 1 2 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH CF STAY IN 1b			ite RURAL and give nearest town)
papers. Pagi	LONACONING	2 YEARS	CITIV	BERLAND	. / /
ad i	d. NAME OF HOSPITAL OR INSTITUTION (If not in)		d. STREET ADDRESS		6. IS RESIDENCE
event, within 7	KYLE NURSING HOME		N. ME	CHANIC ST.	ON A FARM? YES NO X
=	3. NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) MINNIE	ALICE CA	NAN	DEATH MAY	25 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Į	FEMALE WHITE WICOWED	DIVORCEO [SEPT. 24.188		Months Days Hours Min.
	Da. USUAL OCCUPATION (Give kind of work done 10b.)	KIND OF BUSINESS OR		unty & State, or foreign country	12. CITIZEN OF WHAT
		IN HOME	TERRA	ALTA. W. VA.	IISA
-	13. FATHER'S NAME	IN HOHE	14. MOTHER'S MAID		TIME
- Merchan	BENJAMIN BUCKLEW		VTRGT	NIA BUCKLEW	
		SOCIAL SECURITY NO. 17.	INFORMANT	Addres	\$
7	NO	NONE An	ita Canan	Cumberland,	Md.
-	18. CAUSE OF DEATH [Enter only one cause per		^ (INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	uncardial	son how	MANAM	ONSET AND DEATH
	4901 DUE TO O		1	-	
	Conditions, If any, which	mos donte	CV du	soal	yeary_
	gave rise to immediate (cause (a), stating the OUE TO				1
	underlying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 202. ACCIDENT WAS UNDERLYING 1 20b. OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
.	5				YES NO
	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II o	f Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m.	facto	CE OF INJURY (Home, fairly, street, office bldg., et	m, 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	MOT WILLIE	, , , , , , , , , , , , , , , , , , ,		
	21. I certify that (!) (this hospital) attend	led the deceased from	, 19	64, to May 25	, 19 66, that (I) (we) last
	saw the deceased alive on Milay	9 19 66, and that	death occurred at	A_M, from the causes	and on the date stated above.
	22a. SIGNATURE		ATTENDING \ / L	EN STAFE	22b. OATE SIGNED
	From the ?	M.D		IEO. STAFF PHYS.	5.26.66
1	22C. PHYSICIAN'S NAME (Type) L.R. MILE	SJR MID	22d. AOORESS	ACONING	>
shauld be	23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
1	BURTAI, MAY 28, 1966		RIAL PARK	CUMBERLAND.	MD.
1	24. FUNERAL DIRECTOR BYRON KIGHT	ADDRESS	1 11121	D BY REGISTRAR 25b. R	GISTRAR'S SIGNATURE
12		CUMBERLAND	MD. DATE	6 1966 get	cores judge
7					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 66214 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) p. COUNTY b. COUNTY Poge Allegany 2 Maryland Allegany 9 death. MARYLAND delay ent b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c City OR TOWN (If outside corporate imits, write RURAL and give nearest town) ond write RURAL and give nearest town) Deportm(after Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address). d STREET ADDRESS e IS RESIDENCE ON A FARM? Office olang with form hours D.O. A. Memorial Hospital Item 18. Give Poges ate 17 Wempe Drive YES NOhours ofter death. 3. NAME OF Middle 4 DATE Inst Month Year DECEASED within (Type or print) Simon Carroll DEATH May 19 66 with t S SEX 6 CO. OR OR RACE DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) Months Dovs Hours Feb. 12, 1895 Male White WIDOWED DIVORCED event puo 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT Municipal design most of working the even if retired the Ketlred Water Supt. USATRY? Midland. Md. any poges in any 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Margaret Kenny James P. Carroll 듄 puo .⊑ 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes g ve wor or dotes of serv ce) rd "pending" ir Chief Medical E permit. гетолог), 215-36-8778 Mrs. Margaret Carroll, Cumberland, Md. 1B CAUSE OF DEATH (Enter only one couse per ine for (o), (b) and (c),) INTERVAL BÉTWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH Occlusion Coronary oľ IMMEDIATE CAUSE (o) e, writing the word farworded to the Ch cremotion, DUE TO Sclerosis Coronary Conditions, if any, which gove rise to immediate couse (b). DUF TO 0 stating the underlying couse used os buriol, c lost. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? Diabetes Mellitus please execute the certificate, YES 🗔 NO A designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should PRIMARY | or CONTRIBUTING | CAL EXAMINER: CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour p.m foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page While Not While of work of work Inspection [* 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry [4 and in my apinion Natural causes Accident Suicide . death resulted fram: Hamicide Undetermined manner O DEPUTY MEE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER May 5,1966 SIGNATURE X DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Address (Street, city, town, or county) Rt. 9 Cumberland Dr. Benedict Skitarelic, M.D. Health NAME (Type) 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 500 May 9,1966 St. Mary's Cemetery Cumberland . Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ochanten VR A15ME (5)-James F. Scarpelli, Cumberland, Md. 1.0 1966 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours ofter death. deoth funerol : PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND empletely filled in by the fur ALLEGANY MARYLAND ve corbon gapers. Pages 1 event, within 72 hours ofter t. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 435 COLUMBIA HOSPITAL MEMOR! AL CUMBERLAND YES NO 3. NAME OF Midd e First 4. DATE Eve corbon Lost Month Doy Year DECEASED OF MAY ELIZABETH 66 XXXX. MISS CASSEN Type or pnnt) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR NEVER MARRIED DATE OF BIRTH AGE (In years 7 MARRIED FEMAL didyy) Months Dovs Hours DIVORCED 6 WIDOWED IDo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY puo CUMBERLAND. MD. requires that the death certificate Housekeeper Home 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, HENRY CASSEN CAROLINE BARTH 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service MEMORIAL CUMBERLAND. HOSPITAL. 220-16-5789A No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO signed I Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use of Heolth NO this certificote 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour a m. While Not While foctory, street, office bldg., etc.) After ot work of work 21. I certify that (1) (this haspital) attended the deceased from 14 man, 19 Lote, to Mcs. 1966, that (1) director, page 3 should should be filed with the 19 C.C. and that death accurred at 10 INS Admir causes and an the date stated above saw the deceased alive an FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) R S. CENTRE ST. CUMBERLAND, MD. A. VAN ORMER 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) 5/21/66 Rosehill Cemetery Cumberland Alleg Maryland 25b REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marles Ruth E. Silcox Cumberland Maryland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06216 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLANO MARYLAND ALLEGANY in by the ye CITY OR TOWN (foutside cosporate limits, write RURA, and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours a Week CUMBERI AND CUMBRLAND e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS SACRED HEART HOSPITAL 2 BOX NO K and in any event, within YES carban 3. NAME OF Middle 4. DATE First 1ost Month Dov Year and campletely DECEASED ΩF (Type or print) NET LIFE CHARLTON 166 MAY DEATH IF UNDER 24 HRS IF UNDER I YEAR SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED remove Months last birthdoy) Davs Hours WIDOWED DIVORCED 6-11-1907 FEMALE WHITE 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT physician c during most of working ife, even if retired) INDUSTRY COUNTRY? Retired Hospital U.SA MARYLAND Employee 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, RENA STRAWSER attending poermit. The JAMES HONNBROOK (D WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, pg, or unknown) [(If yes give wor or dates of service) 217-28-9/198 PT'S CHART CAUSE OF DEATH (Enter anly one cause per line for (a), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN and (c).) signed by the burial-transit (IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which agve rise to immediate couse (a). DUE TO stating the underlying cause has been the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES . TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stota) Not While factory, street, office blda, etc.) ot wark at work 21. I certify that (I) (this haspital) attended the deceased fram 1951 to VHELL 19 6 6that (I) (we) last director, page a sur-1966 saw the deceased alive an Trans and that death accurred at M. fram causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. OIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 236 VIRGINIA AVE. CHMBERLAND, MD. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o, BURIAL, CREMATION (County) (State) REMOVAL (Specify) Cumberland Allegany Marylan Mt Pleasant Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ruth E. Silcox Cumberland Marvland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06217 CERTIFICATE OF DEATH executed within 24 hours after death. death. the attending physician and completely filled in by the funeral sit permit. Then please remove carbon gapers. Pages 1 and nation, or removal, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I PLACE OF DEATH a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND C CITY OR TOWN (If ourside corporate limits, write KOKAL and give neorest town) b CITY OR TOWN (fautside corporate limits, write RURAL and give nearest town)
CUMBERLAND C LENGTH OF STAY IN 16 FLINTSTONE DAYS d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, give street address) MEMORIAL HOSPITAL YES NO 3 NAME OF First Middle Lost 4 DATE Month Doy Yeor DECEASED OF ELMERK CLINGERMAN A. MAY 66 (Type or print DEATH AGE (in years IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Doys Hours WHITE MALE WIDOWED DIVORCED 1888 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done 13 BIRTHPLACE (County & Stote, or foreign country) during mast of working life, even if retired) COUNTRY? INDUSTRY WEST VIRGINIA Retired Carpenter mayires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME crematian, or remayal, NATHAN CLINGERMAN JANE BISHOP 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates af service MEMORIAL HOSPITAL No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY nescens IMMEDIATE CAUSE (a) ò physician DUE TO signed ! UUL Conditions, if only, which gove rise ta immediate cause (a), DUF TO ificate has been s far use as the b if Health priar to b stating the underlying cause Page 4 may be retained by the hospital or attending last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION Certer ouch NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 5 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour om factory, street, office bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After at work 3 should be a with the State 21 I certify that (I) (this haspital) attended the deceased fram M, front causes and an the date stated above. 19.66, and that death accurred a saw the deceased alive an 220 SIGNATURA 22b. DATE-SIGNED **ATTENDING** PHYS. M.D. DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) DR. S. G . WEISMAN GREENE ST. CUMBERLAND MD. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOI BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Brethren Glendale Church of May 22, 1966 Flintstone. 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURI 24. FUNERAL DIRECTOR 230 Balto Ave., Cumberland, Man



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06218 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death. completely filled in by the funeral nove carbon papers. Pages 1 and to event. within 72 hours after deaf 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTALLEGANY O STATE MARYLAND b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) FROSTBURG 15 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 114 MC CULLOUGH ST. SACRED HEART HOSPITAL NO TX YES 3. NAME OF First Middle Last 4. DATE Manth Year Day DECEASED COLEMAN 5-66 ANNA 10 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9 AGE (In years **NEVER MARRIED** remove 7 (ast birthday) Months WHITE 11-2-1895 FEMALE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane IDb. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) INDUSTRY FROSTBURG . MD. ALLEGA U.S 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, the attending phys ANNA MC GREGOR PATRICK J.FREAL 17. INFORMANT WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dotes of service) 14-07-5720A CHART cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH -tronsit PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a signed I burial-tr burial, a DUE TO Conditions, if ony, which gave rise to immediate couse (o) DUE TO stating the underlying cause os the prior tal has been last WAS ALTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(□) Health r CERTIFICATION NO this certificate the hospital or 200 ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING PETAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg, etc.) Nat While at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 4. 1966, and that death accurred at 11:45/M, fram causes and on the date stated above saw the deceased alive on_ 22b. DATE SIGNED 22a SIGNATURE 5-6-66 PHYS. M.D. PHYS DIRECTOR 22d ADDRESS NAME (Type) William R. Wolverton M.D. 108 Harrison St. Cumberland, Maryland director, should be 23d. LOCATION (City praTown) 23g BURIAL CREMATION 23b. DATE THEREOF OF CEMETERY OR CREMATORY (County) (Stote emenal for 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	215
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residual a. STATE b. COUNTY	
cessary, o the funeral e 5 may be Department after death.	Allegany Maryland D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	orgive nearest town)
the further the formation of the further the formation of	Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. Sireet Address	e. IS RESIDENCE ON A FARM?
delay and 3 to a Page State Chours a	Sylvan Retreat	YES NO V
the 72	3. NAME OF First Middle Last 4. DATE Month OF OF OTHER OF DEATH NEY	Day Year 1966
th. If a ges 1, 2 form P vithin within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER I Years) Never Married 1 1 1 1 1 1 1 1 1	YEAR IFUNDER 24 HRS.
eath. Pages h fol	Male White WIDOWED DIVORCED 4/17/1884, 82 yrs.	ZEN OF WHAT
r dea ive Pa ith tith event	during most of working life, even if retired) INDUSTRY F-Hand	NTRY?
S. arthur any	Retired Shoe Selesman Self. Echard Maryland U.S. 13. FATHER'S NAME	PARA
4 hours ltem 18 Mitce als Mitce als File page	Michael Condon Catherine Blake	
n 24 lin II s Off t. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes gire war or dates of service)	
1 within 2 pencil in miner's O permit, 1 removal,	No Sylvan Retreat. Cumberland MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
in p Fram Exam Sit p	PART I. DEATH WAS CAUSED BY: Coronary Occlusion	Sudden—
ld be executed "performer" in Medical Examile I burlal-transit cremation, or a	conditions, if any, which } DUE TO COPONERY Sclerosis	teri-manufacture
d be "pen "hed Med buria	gave rise to immediate ceuse (a), steting the DUE TO	
hould ord thief	underlying cause last. (c)	119. WAS AUTOPSY
ficate shoul the word the Chief the Chief used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
EXAMINER: This certificate should be executed within 24 hours after certificate, writing the word "pending" in pencil in Item 18. Go should be forwarded to the Chief Medical Examiner's Office along these. These 3 should be used as a burlal-transit permit, File pages 3 should be used as a burlal-transit permit, File pages designated agent, prior to burlal, cremation, or removal, and in any	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.	
te, wronar orwar	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While et work et work to be strongly at which the strongly at which to be strongly at which the strongly at which to be strongly at which the str	(State)
inter tiffica be f be f ted a		and in my opinion
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X_, inquiry _X_, death resulted from: Natural causesA. Accident, Suicide, Homicide, Undetermined manner	
the the sharpers	CHIEF MEDICAL EXAMINER	
TY MEDIC.: Page 4 d for your RAL DIREC	SIGNATURE Denodict Sketarelie M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 1. 19	22. DATE SIGNED
	EXAMINER'S RAME (Type) Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumber 1	nd Manager
IO DEPUT please a director. retained TO FUNER, of Healti	233. BURIAL CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CHY, town of country of country)	nd.
VR AISME (SIL	24. FUNERAL DIRECTOR ADDRESS / MAY 9 1966 HUMAN 9 1966	SIGNATURE
5M 1/63	games arein one. Cumb 11/2 DATE 1000	0_0_



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral lowe carban papers. Pages I and y event, within 72 haurs after deat PLACE OF DEATH a. COUNTY a. STATE b. COUNTY AL'EGANY MARYLAND ALLEGANY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Rt. CUMBERLAND e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Alana "U." YES NO Y HOSPITA 3. NAME OF DATE Year First Middle Last Doy DECEASED Bruce (Type or print) DEATH MAY MARON IF UNDER 24 HRS S SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7, MARRIED **NEVER MARRIED** last birthday) Months Doys Haurs WIDOWED DIVORCED MATE 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 106. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) INDUSTRY **COUNTRY?** signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, please Ret. Carman KTTZMITLER. MARYLAND ILS.A 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME HELEN RANDOLPH COSNER (BRAY) 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates af service Unknown) Mrs. Nellie M. Cosner Rt. # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) 4001 DUE TO Ochlenin Conditions, if any, which gave rise to immediate cause (a), DUE TO as the prior to l stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION State Dept. of Health NO X Page 4 may be retained by the hospital ar for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200, ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) Haur o.m. factory, street, affice bldg., etc.) Not While at work , 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. , 19 27, to 5 3/ director, page 3 should should be filed with the 1966, and that death accurred at 6:30 PM, from causes and on the date stated above. saw the deceased alive an 3-3/-22b. DATE SIGNED 22o. SIGNATURE ATTENDING -MED. DIRECTOR 6-1-66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 57 GREENE STREET 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Nr. Dansville, Allegany Md. 6/3/66 Waxler Cemeteru 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Clary 1966 Cumberland, Maryland H. Wayne George



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. Noc. Film G576 ALTH DEPT I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before daries on · COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate firmits, with RuRA) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate l'mits, write RURAL and give nearest town) and give negrest lown) WESTERNPORT WESTERNPORT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARMS LIKENS STREET YES NOT 3. NAME OF First Middle DECEASED (Type or print) ETHEL LOUISE CRAWFORD DEATH 19 66 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED TO 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Oct. Months WIDOWED [DIVORCED [68 yrs. 100, USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CLERK U.S.A. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM H. CRAWFORD CATHERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address KATHERINE CRAWFORD. WESTERNPORT, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: Sudden Occlusion Coronary IMMEDIATE CAUSE (0) 4201 **DUE TO** Sclerosis Canditions, if ony, which Coronary gave rise to immediate cause **DUE TO** (a), stating the underlying couse fast. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DIGHTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY | | | CONTRIBUTING | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) WEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or lown) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) at work of wark 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion death resulted from: Natural causes 💢, Accident 🗍, Suicide 🧻, Homicide 🗍, Undetermined manner **DATE SIGNED** CHIEF MEDICAL EXAMINER Cumberland. ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 5 0 **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 740 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



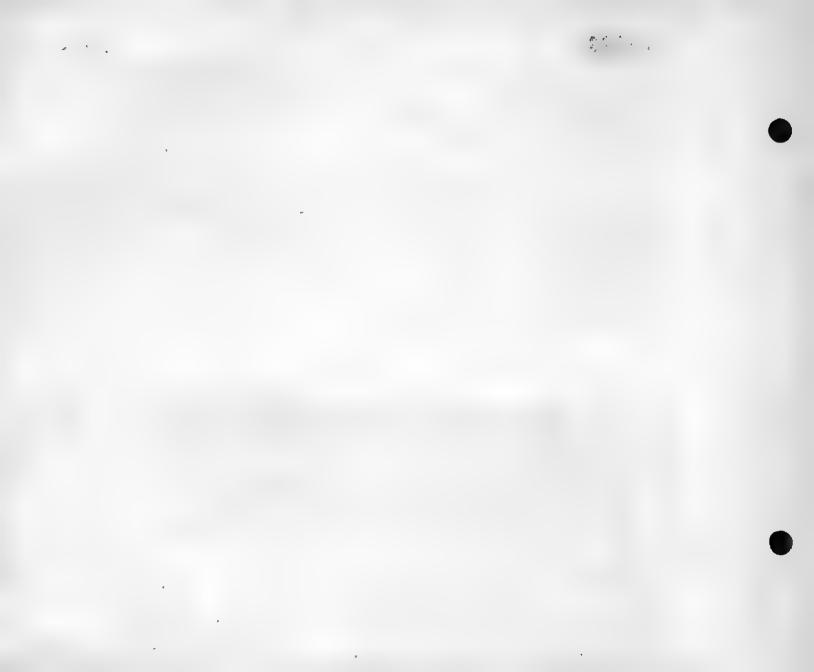
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH O. CHILLEGANY o STATE **b** COUNTY MARYLAND ALLEGANY completely filled in by the fur lave carban papers Pages 1 y event, within 72 haurs after MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, FROSTBURG. MD. DAYS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL I NO [3 NAME OF emave carban Middle 4 DATE Manth Year 1966 DECEASED LOUISE CROSTON MAY (Type at print) DEATH IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (in years IF LINDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIEDX last_birthday) WHITE FEMALE JUNE 19, and in any 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of warking Life, even if retired)

LAUNDRESS U SOUNTRY? FROSTBURG HOSPITAL this certificate has been signed by the attending physicatorhad for use as the burial-transit permit. Then pla 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remova MARSHALL ALLEN CROSTON NELLIE MAE LAYMAN 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO MEMORIAL HOSPITAL 215-26-9470 burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the as1. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health YES ΝÛ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 2De PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) 2Dt. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED factory, street, affice bldg., etc.) Haur o.m. While Nat While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 19____, that (i) (we) last from causes and an the date stated above. saw the deceased alive on TO FUNERAL DIRECTOR: and that death occurred 22b. DATE SIGNED 22a, SINALL ATTENDING M.D. DIRECTOR director, page 3 should be filed PHYS. 22d. ADDRESS DR. EARL R. PAUL 36 GREENE ST. CUMBERLAND.MD. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL FROSTBURG. MD. FIRG MEMORIAL PARK ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR FROSTBURG, MD. JOSEPH R. DURST, SR.,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06223 requires that the death certificate be executed within 24 hours after death. filled in by the funeral and ages I and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND E LENGTH DE STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest tawn) write RURAL and give nearest town) 2 WEEKS FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 158 MC CULTOUGH ST. SACRED HEART HOSPITAL NO A YES 🗔 3. NAME OF Middle DATE Month First Lost Day Year DECEASED 19 66 VAY CROWE VERONICA ANNA (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Buthday) Manths Haues 10-19-84 WIDOWED DIVDRCFD WHITE PEMALE 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSE VORK signed by the attending physician burial-transit permit. Then please burial, cremaval, and i .S.A. BORDEN MINES. MD. HOME 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BARTOLOW JOHN (D ROSE 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) NONE PTIS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH VASCULAR THROMBE 310 IMMEDIATE CAUSE (a) DUE TO ARTS, 20 SCLERUSIS Canditians, if any, which gove GENBRAKIZED rise to immediate cause (a), DUE TO stoting the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS'
PERFORMED? NO YES 둳 20¢ ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Not While factory, street, affice blda, etc.) of work at work 21 1 certify that (1) (this hospital) attended the deceased fram 5 -8 , 1965, ta 5 -2/, 1965 that (1) (we) last be retained 1945, and that death accurred at_ saw the deceased alive an 5 M. fram causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 5-23-66 M.D PHYS filed 22d ADDRESS 22c. PHYSICIAN'S MICHABL Page 4 may Cahrek SMALLWOOD ST. CUMBERLAND, MARYANI NAME (Type) 121 directar, shauld b 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION. BURIAL (Specify) ST. MICHAEL'S CEMETERY FROSTBURG. 25g RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR Charles VR A15 (4) JOSEPH R. DURST, SR. FROSTBURG. MD. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06225 executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission completely filled in by the funeral nove carbon popers Pages 1 ond PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HIMRER NO CLIMBERTAÑD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL COLUMBIA 3 NAME OF First Middle 4. DATE Manth Year Doy DECEASED (Type or print) DEFFENBAUGH DEATH MAY S SEX 9. AGE (In years 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARRIED remove last birthday) Months Doys inany WIDOWED DIVORCED 10-10-09 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? CUMBERLAND, MARYLANI requires that the death certificates 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remavo en -EDWARD DEFFENEAUGH MARTZ) CECELIA 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no equipmenawn) (If yes give war ar dates of service PT'S CHART cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). ONSET AND DEATH -transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO signed buriol Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO this certificate ತ್ತ 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) Not While at work at work TO FUNERAL DIRECTOR: After 2). I certify that (1) (this haspital) attended the deceased from 5-5-. 1966 to 5-10- 1966 that (1) (we) last be retained saw the deceased alive on 5-10-19 GC, and that death accurred of M, fram causes and on the date stated above. 22b DATE SIGNED 22o. SIGNATURE 5-10-66 MD DIRECTOR PHYS 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S NAME (Type)R director, should b (State) BURIAL CREMATION 2Sb REGISTRAR'S SIGNATUR 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06226 requires that the death certificate be executed within 24 haurs after death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY **ALLEGANY** MARYLAND b CITY OR TOWN (If outside corporate limits, write, RUBAL and give peorest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 DAYS LAVALE d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSP. 19 GLENWIEW XX TERRACE YES NO X 3 NAME OF Middle Lost DATE Month Year Day DECEASED 16 5-66 LULA DRIVER **FRANCES** 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED 8 DATE OF BRITH AGE (in years lost birthdoy) Doys Sept. FEMALE WHTTE WIDOWED DIVORCED 13. 1899 B and 11 BIRTHPLACE (County & State, or foreign country) 100 SUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR WELFARE BOARD signed by the attending physician burial-transit permit. Then please burial, cremation, ar remaval, and i Harrisonburg VIRGINIA U.S. SOCIAL WORKER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FANNIE HELTZEL CHARLES CLINE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no prunknown) (If yes give wor or doles of service) Lavale, Md. Mr. Julian C: 215-36-8871 Glenview INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH CARCINOM M OF RY KIDNIZY CIRLL CLEAR DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO led for use as the b t. af Kealth priar ta b stating the underlying couse has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO V Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. foctory, street, office bldg, etc.) Nat While of work e deceased fram. Dac., 1965, ta 5-16, 1966, that (1) (we) lost 1966, and that death accurred at 1130 M, from causes and an the date stated above. 21. I certify that (1) (this haspital) attended the deceased fram Dac director, page 3 should should be filed with the saw the deceased alive an 3776 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. M.D. DIRECTOR 5/17/66 22d. ADDRESS 22c. PHYSICIAN'S Sasthwood NAME (Type) 12-6 N. MicHAE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION BUTUAL (Specify) 5/20/66 Cumberland Sunset Memorial Park Maryland REGISTRARS SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb VR A15 (4) H. Wayne George Cumberland, Maryland 20 M 1/66

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	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi
	Allegany-	• Maryland • countilegany
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	
	Frostburg	Moscow
	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street eddress) Miners Hospital	d. STREET ADDRESS o. IS RESIDEN ON A FARE
-		YES NO
	NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year OF
	(Type or print) EMMA SEX 16. COLOR OR RACELY, MARRIED TO ANALYZ	FAIRGRIEVE DEATH 5/28/1966 19
	Female White WIDOWED X DIVORCED	B. DATE OF BIRTH 1/11/1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
10a do	USUAL OCCUPATION (Give kind of work and during mast of working life, even if retirad)	Westenport, MD. 12. CITIZEN OF WHAT COUNT
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Henry Lee	Ellen Foley
		irs. Milton Todd Moscown MD.
_		- DATIOURED I
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), apd (c).] PART I. DEATH WAS CAUSED BY:	(DAUGHT EAR) INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) CICLU COCE	meny Occusion. Minutes
	DUE TO	
	Gonditions, if any, which geve rise to immediate couse	Sis generalized years
	(a), stating the underlying DUE TO	
z	(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS
ZI Z	Classating Carcinoma dia	let Treast YES TO NO D
-	200. ACCIDENT WAS UNDERLYING [] 200, DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Pert I or Part II of Item 18.)
TEIC,	OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
CERTIFICA		
		LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
		LACE OF INJURY (Home, ferm, actory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	Hour a.m. While Not While	ectory, street, office bldg., etc.)
	Hour a.m.	ectory, street, office bldg., etc.)
	Hour a.m.	n
MEDICAL CERTIFICATION	Hour a.m. p.m. 19 Whila Not White et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	n. 1960 to Man 28, 1960, that (I) (we) at death occurred all A.M., from the causes and on the date stated above the phys. STAFF SIGN PHYS. DIRECTOR PHYS. 5.28.46
	Hour a.m. p.m. 19 Whila Not White et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	n. 1960 to Man 28, 1960, that (I) (we) at death occurred all A.M., from the causes and on the date stated above the phys. STAFF SIGN PHYS. DIRECTOR PHYS. 5 28 6 22d. ADDRESS
MEDICAL	Hour a.m. p.m. 19 Whila Not White fee work 21.	n. 1960 to May 28, 1966, that (1) (we) at death occurred all AM, from the causes and on the date stated above ATTENDING. MED. STAFF SIGN DIRECTOR PHYS. 5.28.6
MEDICAL	Hour a.m. p.m. 19 Whila twork Not White twork 1 21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 19. G. O., and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) C. M. C. SIGNATURE 22c. PHYSICIAN (Type) C. SIGNATURE 22c. PHYSICIAN (Type) C. SIGNATURE 22c. PHYSICIAN (Type) C. SIGNATURE 22c. PHYSICIAN (Typ	n. 1960 to May 25, 1969, that (1) (we) at death occurred all AM, from the caules and on the date stated above ATTENDING. MED. PHYS. STAFF 5:28. DIRECTOR PHYS. 5:28. 6.
WEDICAL	Hour a.m. p.m. 19 Whila Not White fee at work 19 21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 19. 2. 19	n. 1960 to May 28, 1966, that (1) (we) at death occurred all A.M. from the causes and on the date stated above the course of the
MEDICAL	Hour a.m. p.m. 19 Whila of White of work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Year 19.20, and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) REMOVAL (Specify) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PHYSICIAN STANDARD SIGNATURE 23c. NAME OF CEMETERY ADDRESS	n. 1960 to May 25, 1969, that (1) (we) at death occurred all AM, from the caules and on the date stated above ATTENDING. MED. PHYS. STAFF 5:28. DIRECTOR PHYS. 5:28. 6.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and the attending physician and completely filled in by the funeral sit permit. Then please remark-carban papers. Pages 1 and mation, at remayal, and in the west, within 72 hours after deap PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution Residence before admission). a COUNTY o. STATE 6. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town)
CUMBERLAND GREENSPRING DAYS d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) HOSPITAL MEMORIAL Rural NO A YES 3 NAME OF Middle 4. DATE First Last Month Year DECEASED **JOHN** FIELDS 66 MAY 19 Type or print DEATH IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost bigthday) Days Months Haurs 11-26-1900 WHITE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY WEST VIRGINIA rarm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES FIELDS KANNIE KINCAID ts. Was Deceased Ever IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service No 17. INFORMANT 16. SOCIAL SECURITY NO. Address 236-03-5645 HOSPITAL. CUMBERLAND. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit of PART | DEATH WAS CAUSED BY QNSET/AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending fo FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the chand he filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Outerouter legter Dialretes NO. 200, ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m factory, street, office bldg, etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram M, from causes and on the date stated above. and that death accurred at saw the deceased alive-on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) WEISMAN GREENE ST. G. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Springfield Hill Cemetery Springfield, Hampshire, W, Va 5-18-66 Buria. 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Melioner VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06223 executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residend a. COUNTY b. COUNTY ALLEGANY MARYLAND campletely filled in by the f ove carban papers. Pages c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CUMBERLAND DAYS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1305 MICHIGAN AVE. NO DO HOSPITAL MEMORIAL event, within 3 NAME OF ease remove carban 4 DATE First Year DECEASED
(Type or print) OF DEATH 19 66 型ISHER MAY ARTHUR S SEX TE UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 8 DATE OF BIRTH ACE (In years 7 MARRIED NEVER MARRIED b rthday) Months Hours Dovs WIDOWED X MAL E WHITE 5 - 22 - 1897and in any DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar foreign country) The law requires that the death certificate to duting most of working life even if retired) INDUSTRY COUNTRY? by the attending physical ransit permit. Then please WEST VIRGINIA Retired 3 & O Employee 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal XKEKX MARY V. DODD FISHER WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes na, or unknown) (if yes give wor ar dotes of service 705-09-9962 HOSPITAL. CUMBERLAND. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit ONSEL AND, DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO ficate has been s far use as the b f Health priar tab stating the underlying cause Page 4 may be retained by the hospital ar attending last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, affice bldg., etc.) Nat While ot work at wark 21. I certify that (I) (this hospital) attended the deceased from 1, 1966, to may 3, 1966, that (I) (wa) last sow the deceased alive on may 2, 1966, and that death accurred of 4:50 M/Mram causes and on the date stated obove. 22o SIGNATURE 22b. DATE SIGNED MED DIRECTOR ATTENDING directar, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 401 DECATUR ST CARLTON BRINSFIELD 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) **BURIAL, CREMATION.** REMOVAL (Specify) 5/6/66 Cumberland Allegany Maryland Greenmount Cemetery **ADDRESS** 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR S 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Ruth E. Silcox Cumberland, Maryland 21502



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, functitution Residence before admission) n. COUNTY o. STATE b. COTINTY delay is and 3 ta A3. Page ₽ Allegany Maryland Allegany after death MARYLAND Department b CTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) C. LENGTH OF STAY IN 16 and 10 Days Cumberland. Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours 835 Gephart Drive Memorial Hospital Item 18. Give Pages Office along with far ate YES | NO IX NAME OF Middle 4 DATE with the Stowithin 72 1 Eirst Lost Manth Year DECEASED Stella May 26 Irene Flake DEATH 19 (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Months Days Haurs October 13,1885 White WIDOWED 5 DIVORCED Female 10a. USUAL OCCL PATION (Give kind of work dane) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working fe, even if retired) UNDUSTRY any Pennsylvania Housekeeper poges At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ⊆ Ernest Smith Catherine Hoffman puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO 17 INFORMANT Address 835 Gephart Dr (Yes, na. prunknawn) (If yes give war ar dates of service) permit or remayal, Cumberland, Md Mrs. Martin L. Sharp INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Cerebral Hemorrhage IMMEDIATE CAUSE (o) This certificate should ward buriol, crematian, DHE TO Hypertensive Cardiovascular Disease Conditions, flony, which gave rise to immediate cause (a), DUF TO stating the underlying cause 0.5 WAS AUTOPSY PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? MEDICAL CERTIFICATION the certificate. NO F PARTICIPATE (A) CARACTE 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port II of item 18.) PRIMARY G or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 5 may be retained as 3 FUNERAL DIRECTOR: Page 3 Health or its designated agen factory, street, office bldg., etc.) Nat While at wark ot wark Inspection XX 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry XX and in my opinion Hamicide | death resulted from. Natural causes XX - Accident Suicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER KK May 26, 1966 **EXAMINER'S** FUNER Health BENEDICT SKITARELIC. Address (Street, city, town, or countyCumberland, Md. NAME (Type) 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) BURIAL, CREMATION, (Stote) REMOVAL (Specify) Fireasant Grove Cemetery 5/28/66 Cumberland Alleg Harvland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g REC D BY REGISTRAR

Ruth E. Silcox Cumberland Maryland 21502

VR A15ME (5)

6M 1/66

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- 1		1	Ite	em:7 per Court Order G-759 MARYLAND STAT	E DE	DEPARTMENT OF HEALTH 5/26/98 reb CDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND S. CERTIFICATE OF DEATH
FUR S	TATE-	_		06231 MEDICAL EXAMINE	R'S	S CERTIFICATE OF DEATH 06227
HEALTH	DEPT		1.	PLACE OF BEATH a. COUNTY ALLEGANY	LAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE PENNSYLVANIA b. COUNTY ALLEGHENY
cessary, funeral may be	te Department rs after death.			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FROSTBURG 1 HR.		
age 5		,		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	iddress)	d. STREET ADDRESS RESSLER HOTEL O. IS RESIDENCE ON A FARM? YES NO A
ny dela , and 3 M3. P	the State 72 hours		3.	NAME OF First Middle DECEASED (Type or print) LOUIS	FR	FRANGOS 4. DATE Month Day Year OF DEATH MAY 29, 19 66
th. If all ges 1, 2 form P				SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIE ALE WHITE WIDOWED DWORDE		8. OATE OF BIRTH 9. AGE (in years IFUNDER 1YE) UNDER 24 HRS. NOV. 6 1200 Hours Min.
ive Pag	l and event		10a. duri	USUAL OCCUPATION (G. ve kind of work done) 10b. KIND OF BUSINESS OF INDUSTRY ESTAURANT OPERATOR OWN		11. BIRTHPLACE (State or foreign country) CREECE 12. CITIZEN OF WHAT COUNTRY? U.S.A.
n 18. Giv a along	pages in any	I	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
hin 24 ho cit in Iter r's Office	nit. File oval, and	f	15. (Ye	DIMITRIOS FRANGOS WAS DECEASED EVER IN U.S. ARMED FORCES? II, no, or unknown) (If yes give war or dates of scruize) NO NONE		GEORGIA GORGALAS 17. INFORMANT 836 Note LAWNDALE AVE., RS. HELEN GORGALAS, CHIGAGO, ILLINOIS.
uted with in penci	ed as a burial-transit permit. burial, cremation, or removal,			171111111111111111111111111111111111111		acture; Crushed Chest Interval Between onset and Death 55 Minutes
be exec "pending Medical				Conditions, if any, which gave rise to immediate cause (a), stating the	mobi	bile Accident) w
te Moul e word he Chief			TION	underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELA	PERFORMEO!
certifica riting th ded to tl	orior to		CERTIFICATION	PRIMARY TO OF CONTRIBUTING		CCURREO. (Enter nuture of Injury in Part I or Part II of Item 18.) AUTOMOBILE INVOLVED IN ACCIDENT
INER: Tils cer lificate, writin be forwarded	3 shoul agent,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLA	PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) actory, street, office bidg., etc.) #40. 3 miles East of Grantsville Alleg. Mi.
EXALIN te certifi should be files.	held an Autopsy , Inspection , Inquiry , and In my opinion Suicide , Homicide , Undetermined manner					
ute ge 4	or its designated			death resulted from: Natural causes , Accident ACTUAL SIGNATURE Benedict Retark	_1	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
Se execution. Page tor.	3 -			EXAMINER'S BENEDICT SKITARELIC, M.I	1 14	DEPUTY MEDICAL EXAMINER XX May 29, 1966 Address (Street, city, town, or count@umberland, Md.
please edirector.	TO FU		В	REMOVAL (Specify) JUNE 2, 1966 ELIM/OOD		
VR ALS	ME (5)			JOSEPH R. DURST, SR., FROSTBURG, MD	•	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JURGE

5 %

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06232 requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral cemove carbon popers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARY! AND event, within 72 hours after b. (ITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND HRS IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 402 BEALL ST. MEMORIAL HOSPITAL NO X NAME OF First Middle 4. DATE Year DECEASED PEARL Sarah . FRICKEY 19 66 MA Y DEATH Type or print) AGE (In years IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARR ED iast birthday) Hours FEMALE 9-27-1890 WHITE WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRYS Own home during most of working life, even if retired) CUMBERLAND. MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remov GEORGE KORNS ELIZABETH ***XXXXXX Cruthers WAS DECEASED EVER IN ... S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (if yes give wor or dates of service MEMORIAL HOSPITAL, CUMBERLAND, None INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line fac.(a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ONSET AND DEATH buriol-transit signed by 1 Poge 4 may be retoined by the hospitol or attending physician. DIJE TO Canditians, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the prior to b O FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Heolth p MEDICAL CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache should be filed with the Stote Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice blda., etc.) Hour am. Not While at wark of wark 21. I certify that (I) (this hospital) attended the deceased from 5 ____ 19 (a lb that (1) (wo) last 1966, and that death occurred at 6:1 MAHOM causes and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. F. MMKKAMX CENTRE Cumb. Md 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Cumberland. Maryland 5/22/66 Rose Hill Cemeterv ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR George Cumberland. 1966 Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0623 CERTIFICATE OF DEATH requires that the depth certificate be executed within 24 haurs after depth. death 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) smpletely filled in by the funeral ve carbon papers. Pages 1 and event, within 72 haurs after deat 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND MARYLAND ALLEGANY ALLEGANY c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 2 Weeks CUMBERI AND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES 🗍 NO V HEART HOSPITAT SACRED Middle completely f 3. NAME OF First Last DATE Month Dov Year DECEASED OF GEORGE GTATRAS (Type or print) DEATH MAY IF UNDER IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED K NEVER MARRIED B DATE OF BIRTH AGE (In veors lost birthday) Months Dovs Hours WIOOWED DIVOR CED MALE WHITTE 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY INOUSTRY attending physicion permit. Then please Retired Merchant GREECE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo Annatacia Kaculeas Peter Giatras 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give wor ar dates of service) 1-32-287 PT'S CMART cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c)) signed by the buriol-transit p buriol, cremoti PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse os the prior to hos been last. 19. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INTURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Page 4 may be retained by the ho FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Nat While of work of work 21. I certify that (1) (this haspital) attended the deceased from 5-/2-66, 19, ta 5-24-66 19, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an 5-24 1966, and that death accurred at 7 P M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 5- 22-66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) GGLE. M.D SMALLWOOD ST, CUMBERTAND, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Hillcrest Burial Park Cumberland Maryland 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ruth E. Silcox Cumberland Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission o. COUNTY o. STATE b. COUNTY Poge 2 Allegany Maryland Allegany deoth. MARYLAND · ~ b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Cumberland 51 years Cumberland d NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours olong with form Route 3. Valley Road Route 3. Valley Road Stote Item 18. Give Pages NO X 24 hours after deoth. NAME OF First M ddle Lost 4 DATE Month Year DECEASED Goetz 28 19 66 Kathleen within Grace May (Type or print) DEATH S SEX B DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED = ast birthdoy) Months Dec. 19, 1914 Female White WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even fretired)
Former Nurses Aid COUNTRY? NDUSTRY Cumberland, Ma. Infirmary IISA d "pending" in pencil ii Chief Medicol Exormner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within John Joseph Trost Effie D. Harden and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service removal. John E. Trost. Cumberland. Md. - Brother INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY-ASPHYXIATION 5 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUE TO STATUS EPILEPTICUS Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse burial, 19 WAS ALTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, NO 0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of Jern 18) prior PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge of work designated 2) I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X, and in my opinion death resulted from: Natural causes X ... Accident Suicide . Hamicide Undetermined manner CHIFF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE May 28, 1966 DEPUTY MEDICAL EXAMINER XIX 70 **EXAMINER'S** Address (Street city, town, or county) Cumberland. Md. Benedict Skitarelic, M.D. Heolth NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (Stote) 0 Burial (Specify) Davis Memorial Cemetery Cumberland, Ma. 24 FUNERAL DIRECTOR 2So REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Scarpelli. Cumberland. Ma. Ochorelas 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH papers. Pages 1 and 7 hin 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission and completely filled in by the funeral remove carbon papers. Pages 1 and o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND be executed within 24 haurs after b. CTY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MON THS **FROSTBURG** B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 124 STREET SPRING MEMORIAL HOSPITAL NO X 3 NAME OF Fiest Middle DATE Month Year **OECEASEO** GORDON MAY 22 1966 WILLIAM DEATH Type or print' S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIEO last birthday) Days Hours MALE WHITE WIDOWED **OIVORCED** 12, CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) legse USA INDUSTRY gug BORDON MINES. MD requires that the death certifiente CELANESE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remova SADIE FILLER JAMES. H. GORDON signed by the attending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service MEMORIAL crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 11200 DUE TO Conditions, if any, which gave rise to immediate couse (a), **OUE TO** stating the underlying cause as the prior tal Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use No T 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) Not While ot wark at wark , 19 6 5, to 22 may, 19 /o (othat (1) five) last 21. I certify that (1) (this haspital) attended the deceased fram 1 bee They 19 6 4 and that death occurred at 1 - 1 0 MM rom couses and an the date stated above. sow the deceased alive on, 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS. DIRECTOR 22d ADORESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 122 CENTRE ST. CUMBERLAND MD VAN ORMER 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) FROSTBURG MEM. FROSTRURG PARK MARYMANT 2Sb. REGISTRAR'S SIGNA 25g. REC'D BY REGISTRAR FROSTBURG. MD. Charles VR A15 (4) HOME 60 W. MAIN ST.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
C6236 CERTIFICATI	E OF DEATH 06232)			
PLACE OF DEATH COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission o. STATE Haryland b COUNTY Allegany)			
b. (ITY OR TOWN (if outside corporate mits, write RURAL and give negrest town) Cumberland 2 Yrs.	c CITY OR TOWN (If outside corporate units, write RURAL and give nearest town) Lonaconing				
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sylvan Retreat	d Street Address Petmold Street ON A FAR YES N	NCE RM2 IO X			
3 NAME OF First Middle DECEASED Flora (Type or print)	Lost 4 DATE Month Doy Year	56			
S SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	last birthday) Months Doys Hours	Min			
160 JSJAL OCCUPATION (G ve kind of work done during most of working life, even if retired) None 10b KIND OF BUSINESS OR INDUSTRY	Barton, MD. 12 CITIZEN OF WHAT COUNTRY'S				
George Hadley	14 MOTHER'S MAIDEN NAME Christine Fisher				
S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, quoknown) (If yes give wor or dotes of service) None	George Grindle Lonaconing, MD.	•			
PART I DEATH WAS CAUSED BY 1 2 2 / Conditions, if ony which gove rise to immediate cause (o), stoting the underlying cause lost PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO PART I DEATH WAS CAUSED BY IMMEDIATE CAUSED BY DUE TO PART I DEATH WAS CAUSED BY IMMEDIATE CAUSED BY LOS TO PART I DEATH WAS CAUSED BY IMMEDIATE CAUSED BY DUE TO PART I DEATH WAS CAUSED BY Conditions, if ony which gove rise to immediate cause (o) Stoting the underlying cause (o) Conditions, if ony which gove rise to immediate cause (o) Stoting the underlying cause (o) Conditions, if ony which gove rise to immediate cause (o) Conditions, if ony which gove rise to immediate cause (o) Conditions, if ony which gove rise to immediate cause (o) Conditions, if ony which gove rise to immediate cause (o) Conditions, if ony which gove rise to immediate cause (o) Conditions, if ony which gove rise to immediate cause (o), stoting the underlying cause (o) Conditions of the underlying cause (o) Condition	Sha, degeneralis ONSET AND DE. Shis general & Curekal The Fraction left Hip.	ATH			
ANT II. OTHER ZIGNIFICANT CONDITIONS CONTRIBATING TO NEARH BROAD STREET TO	YES N	0			
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sow the deceosed alive on 1955, and the	at death accurred at $\perp \cup A$ M, from causes and an the date stated	ve) lost abave			
Willeasteers My M	A.D PHYS. DIRECTOR PHYS. D				
NAME (Type) L. B. Lathews, II.D.	49 Greene Street, Cumberland, Md.				
Buriality 5/6/1966 Laurel Hi	11 Cemetery Moscow, MD.	ote)			
ar i dilata arranga	404 0 6				
	Division of STATISTICAL RESEARCH AND RECORDS, 30 CERTIFICAT PLACE OF DEATH O COUNTY Allegany MARYLAND b (ITY OR TOWN (if outside corporate mits, write RURAL and give negress) flown) Write RURAL and give negress, flown) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Sylvan Retreat 3 NAME OF First Middle (Type or print) S SIX Female 6. COLOR OR RACE White Wildower 100 JS.JAL OCCUPATION (is event of work done during most of working life, even if retired) Whome 13. FATHER'S NAME George Hadley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. AND White, gover or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CALSED BY HADDED 19. CONDITIONS, flony which gove rise to immediate couse (b), storing the underlying couse lost 20. ACCIDENT WAS UNDERLYING DOWN of CONTRIBUTING CAUSE OF DEATH HOUR OWN. 20. TIME OF INJURY MONTH, DOY, Year Hour own. 19. CAUSE OF DEATH HOUR OWN. 21. I certify that (i) (this haspital) attended the deceased from sow the deceased alive on 19. 66, and the 220 SIGNATURE. 22. PHYSICIAN'S NAME (Type) L. B. Libthews, II.D. 23. BURSIAL (REMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF 5/6/1966 Laurel Hi 24 FUNRAL DIRECTOR ADDRESS	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CE236 CERTIFICATE OF DEATH CERTIFICATE OF DEATH COUNTY Allegary MARYLAND BY OR JOHN (If counts composite main, write RURAL and give members frown) Location of give segrest development, and country allegary works RURAL and give segrest development, and country allegary of NAME OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address) JAMAGE OF HOSPITAL OR NOISITION (If no in hospital) give these address or location (In the country of the count			





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH pletely filled in by the funeral garban papers Pages 1 and ent, within 72 haurs after dest 6 COUNTY ALLEGANY o. COUNTY O. MERYLAND ALLEGANY
b CITY OR TOWN (It actside carporate timits,
write RURAL and give nearest town) MARYLAND C LENGTH OF STAY IN 15 c CITY OR TOWN (If putside carparate limits, write RURAL and give negrest town) CUMBERLAND 2 DAYS CUMBER! AND IS RESIDENCE ON A FARMS d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 230 ARCH STREET NO T MEMORIAL HOSPITAL 3 NAME OF Middle Last 4 DATE First Month Dov Year DECEASED WILLIAM Everett HEFFER OF DEATH (Type or print) MΔY DATE OF BIRTH 9. AGE (in years IF JINDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED OCT.4.1895 last birthday) MALE WHITE 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 17 BIRTHPLACE (County & State, or foreign country) cremation, or remayal, and in COUNTRY? during mest of working lite, even if retired) TEXTILE KANSAS JUNCTION 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EUGENIA OLIVER JOHN HEFFER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. prunknown) (If yes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 218-24-8640 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: CINSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if any, which gave rise to immediate cause (o). DITE TO far use as the b f Health priar ta b stating the underlying cause Page 4 may be retained by the haspital ar attending this certificate has been last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? State Dept. of Health YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. foctory, street, office bldn., etc.) Nat While at work at wark 27 | certify that (I) (this hospital) attended the deceased fram 1935, to 1935, to 1944 | 1966 that (I) (we) last 3 shauld director, page 3 shauld shauld be filed with the saw the deceased glive and that death accurre of and M, fram causes and an the date stated above FUNERAL DIRECTOR: 22o SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) DURRE 236 VIRGINIA AVE. CUMBERI AND MD 230 BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) BUREMOVAL (Specify) May 26. 196 Rose Hill Cemetery Cumberland, Md. ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR James F. Scarnelli, Cumberland, Md. VR A15 (4) 20 M 1/66



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
	C6239 CERTIFICATE OF DEATH	16235
ap 1	PLACE OF DEATH 6. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the country of the countr	
-	Allegany b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	mar
	write RURAL and give nearest town) Cumberland Years Cumberland	1 /
-	d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	6. IS RESIDENCE DN A FARM?
	512 Shriver Avenue 512 Shriver Avenue	YES ND
0.0	NAME OF First Middle Last 4. DATE Month DECEASED PF	Day Year
	(Type or print) Etta Clara Heinrich DEATH May	28 19 66
	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 19 last birthdey) Months Date	EAR IF UNDER 24 HRS. Bys Hours Min.
	Female White WIDOWED X DIVORCED July 5. 1878 87 yrs.	
d	uring most of working life, even if retired) INDUSTRY COUI	ZEN DF WHAT NTRY?
Е	Housewife Allegany, Maryland	U.S.A.
[]	3. FATHER'S NAME 14. MOTHER'S MAÎDEN NAME	
-	Horace R. Twigg Laurenna Middleton	
(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service)	
=		aryland
	DADT & DEATH WAS CALLED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) UTEILLE	Weeks
	4500 DUE TO	
	Conditions, If any, which gave rise to immediate (b) Chronic glomerulonephritis	
1	cause (a), stating the DUE TO Arteriosclerosis	
180	underlying cause last. (c)	19. WAS AUTOPSY
PERTICIPATION		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.)	1.20
100	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
ı.		y) (State)
10 01 020	Hour a.m. While Not While at work at work	
٦	21. I certify that (I) (this hospital) attended the deceased from January, 19 66, to May 28, 19 66	i, that (I) (we) last
	saw the deceased alive on May 27 1966, and that death occurred at 10p M, from the causes and on the	date stated above.
	22a. SIGNATURE 22b. DATI	E SIGNED
		30, 1966
	22c. PHYSICIAN'S NAME (Type) DR. BENEDICT SKITABELIC Cumberland, Md.	
-		
2	33. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Soecily) BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Soecily) 1 June 1 1966 Hillcrest Burial Park Near Cumberland,	
-	Burial June 1, 1966 Hillcrest Burial Park Near Cumberland, ADDRESS 252, REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	730 K AND AS A STONE OF THE STO	Judge
1:	John J. Wafer, Dr. (230 Baltimore Avenue DAYE 1000 Cumberland	0
	Limper Land . MD .	



I was	1	1	Division of ST.		MARYLAND STATE DE! ARCH AND RECORDS, 301			AND 21201
	(M		06240		CERTIFICATE	OF DEATH		06236
er death	by the funeral shows after death	ī	PLACE OF DEATH O. COUNTYLE GANY		MARYLAND	o. STATE MARYLAI	ND b. QU	ion Residence before admission) NIY LEGANY
aurs aft	s Pages I haurs after		b. CITY OR TOWN (If outside corporate water RUPA) end give records laws	1)	2 DAYS	CUMBERI		~ / /
n 24 h	filled in I papers thin 72 ho	<u> </u>	d, NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOS	PITAL		d. STREET ADDRESS 513 PA	TTERSON AVE.	e is residence on a farm? yes \(\sum \no \(\sum\)
d withi	campletely f ave carban y event, with	L	NAME OF DECEASED (Type or print) OTHA		Middle Alma	HENDLEY	4 DATE MOP OF MAY	24 19 66
execute	comi		SEX 6 COLOR OR RAI WHITE FEMAL	E WIDOWED	DIVORCED	MARCH 22,		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
ate be	physician and en please removal, and in an		I USUAL OCCUPAT ON (Give kind of work ing most of work ng lite, even if retired) PLACTICAL NUTS C	done 105 K	ind of Business or ndustry Unity Infirmary	MARYLA	L Cititoo oc	12 CITIZEN OF WHAT SOUNTY?
certifico	ending physi mit. Then pl ar removal,	13	WILLIAM MURRA				SCHELL	
death	attending permit. ian, ar rea	15 (Y	WAS DECEASED EVER IN U.S. ARMED FO es, nq. orunknawn) (If yes give wor or i	RCES? 16 dates of service) 2	SOCIAL SECURITY NO. 17. II 18-32-8526	NFORMANT MEMOR	PAL HOSP PIAL	er 513 Patterson Cumb. Md.
that the	physician. signed by the attending p burial-transit permit. The burial, crematian, ar remo		PART I. DEATH WAS CAUSED BY IMMEDIATE	(: Cause (0)	(a), (b), and (c))	il hema	shage	INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	physic signed buriat buriat		Conditions, if ony, which gave nse to immediate cause (a), stating the underlying cause	(b)	Hyperline	Cudioven	les Bruce	
The law	pital ar attending rtificate has been d far use as the af Health priar ta	NOIL	PART II. OTHER SIGNIFICANT CONDITI	(c)ONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
SICIAN:	Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u should be filed with the State Dept. af Heal	CERTIFICATION	2Do ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		ESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I ar Port II of irem IB.)	10 0 0
	age 4 may be retained by the haspi FUNERAL DIRECTOR: After this cert director, page 3 should be detached should be filed with the State Dept. a	MEDICAL	20c TIME OF INJURY Month, Day, Y Hour a.m. p.m.		Not While Coch	E OF INJURY (Hame, for ary, street, office bldg., etc.		(County) (State)
OR ATTENDING	ined by JR: Afte ould be the Sto		21. I certify that (I) (this saw the deceased alive	s haspital) atten	ided the deceased fram	5/22 7 death accurred a	195564PQ M. 5/2 17:45 PM, fram causes	بر , 19 مح , that (I) (we) last and an the date stated abave
OR AT	be retained OIRECTOR: A Je 3 should ed with the		22g. SIGNATURE	illan	8 Janes M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5/26/66
	Page 4 may by EUNERAL D director, pag		22c. PHYSICIAN'S NAME (Type) DR. 19		P. IAMES		N. CENTRE S	
TO HOSPITAL	Page 1 10 FUN direct	L	Buttac 5/2	TE THEREOF	Rose Hill Cer	etery	23d. LOCATION (City or To	Allegany Md.
	VR A15 (4) 20 M 1/66	2	hacke sende H.	W ayne Ge	orge Cumberlana			EGISTRAR'S SIGNATURE



1	MARYLAND ST Division of STATISTICAL RESEARCH AND RECO	TATE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201
	C6241 CERTI	FICATE OF DEATH	06237
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, e haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then place remove carbon papers. Pages I and 2 Dept. af Health priar to burial, cremation, ar removal, and nony event, within 72 haurs after death.	I. PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased liver) o. STATEMaryland	ed, if institution: Residence before admission) b. COUNTILEGARY
by the f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cumber Land	Lonaconing	
nin 24 haurs o filled in by th gapers Pag thin 72 haurs o	d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, Sacred Heart Hospital.	d. STREET ADDRESS 408 Walnut St.	e IS RESIDENCE ON A FARMS YES \(\sum \text{NO.} \)
campletely filled in over carban gaper y event, within 72	3. NAME OF DECEASED (Type or print) Fannia II.	HIERINS DEATH	Manth Day Year May 29 166 (In years IF UNDER YEAR IF UNDER 24 HRS.
e executed withing and campletely fremove carban in any event, with	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRI Female White WIDOWED DIVORCE 100. US./AL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR	18 7-11-79 86 %	hirthday) Manths Days Hours Min.
cate be sician an olesse r	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 13. FATHER'S NAME	11. BIRTHPLACE (County & State, or fareign of Science 11. MOTHER'S MAIDEN NAME	COUNTRY 2 A
e death certificate be attending physician permit then plans an, ar remayal, and	15. FAITHER'S NAME Henry Heggins 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO	Elisabeth 17 INFORMANT	/ dudon
e death attendii permit	(Yes, not, grinknawn) (H yes g.ve war ar date of vervice)	Pt. chart	
that the dian. by the attransit perr	IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Insufferency	INTERVAL BETWEEN ONSET AND DEATH
quires that the physician. signed by the burial-transit burial, cremat	Conditions, if any, which gave is to immediate couse (o), DUE TO	roclettain	
e law re tending 1s been as the priar tal	stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	STATED TO THE TEDMINAL DISEASE CONDITION CHICK IN	PADT I/a\ 119 WAS AUTOPSY
YSICIAN: The law raspital or attending certificate has been hed far use as the but, af Health priar ta	ATION	OCCURRED. (Enter nature of injury in Part I or Port II or	YES NO
S PHYSICIA the haspital this certific detached fo			y ar town) (County) (Stote)
ATTENDING PHYSICI retained by the haspit ECTOR: After this certif should be detached with the State Dept. of	Hour a.m. 19 While at work at wark	factory, street, affice bldg , etc.)	19 (that (I) (we) la
ATTENDING etained by th CTOR: After t should be de	21. I certify that (I) (this hospital) attended the decease saw the deceased alive an 19 22. SIGNATURE	, and that death accurred at 15 p M, fro	couses and an the date stated above
PITAL OR A may be re- RAL DIREC 7, page 3 s be filed win	22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR DIRECTOR 22d. ADDRESS	STAFF PHYS. D N/31/66
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creating.	NAME (Type) Leo H. Ley M.D. 230 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CO.	456 N. Centr	e St. N (City or Tawn) (Caunty) (State)
AL VI2 (4)	BOMOVAL (Specify) 27. FUNERAL PIRECTOR ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
20 M 1/66	of auch selling for lem	W. 1966 MIN 3 1966	a Cleanles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth ely filled in by the funeral con popers. Pages 1 and within 72 hours after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY O. STATE AND b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

CUMBERLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 17 RIDGEWAY campletely filled TERRACE YES NO. HOSPITAL carbon 3 NAME OF Middle First 4. DATE Day DECEASED 28 MAY 66 NORA G HINKLE (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 93 vrs Haurs WIDOWED T FEMALE WHITE SEPT.7.1872 DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEKEEPET At Home COUNTRY? CUMBERLAND. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova JOHN RICE IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ng. or unknown) (If yes give war or dates of service) HOSPITAL, CUMBERLAND. 219-116-2119 cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) À DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO far use as the l stoting the underlying couse the hospital or oftending this certificate hos been lost WAS AUTOPS PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [l be detached fo Stote Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20c, TIME OF INJURY Month, Day, Year Hour am factory, street, office bldg , etc.) at work at wark O FUNERAL DIRECTOR: After 2). I certify that (1) (this haspital) attended the deceased fram 20 man 19 (ac., to_ 1966, that (I) (we) last Poge 4 may be retained 19 66, and that death accurred OFE PMM, from causes and an the date stated above. saw the deceased alive an 25 Mores 22o. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ORMER VAN 122 S CENTRE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION DATE THEREOF (Stote) REMOVAL (Specify) 5/31/66 Mt Pleasant Cometerv Cumberland Alleg Maryland 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 JAIN Ruth E. Silcox Cumberland, Maryland 21502



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY MARYLAND c LENGTH OF STAY IN 16 IS RESIDENCE ON A FARM? YES NAME OF DAT Middle Day DECEASED UN (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED MARRIED Months Deys WIDOWED N USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUST 1 12, CITIZEN OF WHAT COUNTRY? done dury g most of working lifeweven if retired) 13. FATHER'S NAME EYER IN U.S. ARMED FORCES? (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per use for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immadiate cause DUE TO (a), steting the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8/1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING 1 OR CONTR BUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg , etc.) While Not While Hour a.m. et work at work 21. I cartify that (I) (this hospital) attended the deceased from 1960, and that death occided at . . . M, from the Causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d ADDRESS 22c. PHYS CAN NĂME (Typa) 23a. BURIAL, CREMAJION, 23b. DATE THEREOF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAZURE VR A15 (4) 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06244 be executed within 24 haurs after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE **b** COUNTY ALLEGANY COUNTY ALLEGANY MARYLAND event within 72 hours after c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) CUMBERLAND CUMBERLAND 1 Dav d. NAME OF HOSE TAL OR INSTITUTION (.f not in haspital, give street address)
MEMORIAL HOSPITAL d. STREET ADDRESS e IS RESIDENCE ON A FARM? papers campletely filled in 119 Grand Avenue NO 3 NAME OF Middle Lost 4. DATE Month Year remave carban First. DECEASED WALTER S. HOLIZMAN MAY 66 19 DEATH Type or print IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years (ast birthdoy) Months 9-18-1895 WHITE crematian, ar remayal, and in any WIDOWED DIVORCED MALE 10a USUA, OCCUPAT ON (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during mast of working life, even if retired) INDUSTRY WEST VIRGINIA Retired Paint Contractor 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME GEORGE W HOLTZMAN NEWCOMB MINNIE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 119 Grand Avenue requires that the death (Yes, no, or unknown) (If yes give war ar dates of service) 220-07-6318 Mrs. Pearl Holtzman Cumberland. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lipe-for (a), (b), and ONSEL AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immed ate cause (a). DUE TO stating the underlying couse as the priar to t Page 4 may be retained by the haspital ar attending 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION detached for use te Dept. of Health r NÛ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY THame, form. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year at wark Nor While Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) offended, the deceosed from, shauld and that death occurred at 3:3 M. from couses and on the date states above saw the deceased alive on. 22b. DATE SUBNED 22a, SIGNATURE **ATTENDING** director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 29 PHYSICIAN 236 VIRGINIA AVE. CUMBERLAND . MD NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Cumberland Allegany Maryland Hillcrest Burial Park 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Ruth E. Silcox Cumberland Maryland 21502 2 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATIM HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before o. COUNTY a. STATE **b** COUNTY 3 ta Poge Maryland Allegany death MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and ; write RURAL and give nearest fawn) ofter Cumberland years Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? farm hours D.O.A. Memorial Hospital YES NO 5 Item 18. Give Pages ate, Elwood 24 haurs after death. along with NAME OF Middle 4 DATE First cost Month Day Year DECEASED May 19 66 Thelma Margaret Type or print DEATH Hymes IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9 AGE (In years 6. COLOR OR RACE 7 MARRIED XX NEVER MARRIED 8 DATE OF BIRTH lost birthdov' Months Davs Hours Female White WIDOWED DIVORCED Sept. 5. 1916 Office o 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Cumberland . Md . Own Home d "pending" in pencil in Chref Medical Examiner's QUY pages in any pencil i 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within William Alfred Shoemaker Hazel Ambrose gud IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address or removal. (Yes, no, or unknown) [[] yes give wor or dates of service) Mr. W. Monroe Hymes, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY. Occlusion Coronary IMMEDIATE CAUSE (a) This certificate should writing the ward crematian, DUE TO Sclerosis farwarded to the Coronary 11 Conditions, if any, which gove use to immediate couse (a). DUE TO stating the underlying couse last. 05 burial, i 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HALD ISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO K please execute the certificate. agent, prior to shauld be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part I at item B) PRIMARY | or CONTR BUTING | DICAL EXAMINER: CAUSE OF DEATH 20c TIME OF MIJRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) Hour a m. foctory, street, office bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page at work ot werk its designated Inspection XX Inquiry XX 21 I certify that I tack charge of the remains described above, held an Autopsy and in my opinion death resulted fram-Natural causes X Accident Suicide . Homicide Undetermined manner CHIEF MED CAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER | May 21.1966 22. DATE SIGNED SIGNATURE the funeral O DEPUTY 5 may be r TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city town, or county) Rt.9 Cumberland Benedict Skitarelic. MD. Dr. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION Burla I Specify) Cumberland Ma May 24.1966 St. Mary's Cemetery ZSo REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME 6 James F. Scarpelli, Cumberland, Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06246 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission O STATE MARYLAND o COUNTY b COUNTY ALLEGANY ALLEGANY ŧ, ofter death MARYLAND portment b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURA, and give nearest town) and D. O. A. FROSTBURG FROSTBURG d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours MINERS HOSPITAL Give Pages 99 BOWERY STREET YES NO X 3 NAME OF M-ddte Firs1 Lost 4. DATE Month Doy Year DECEASED MELLIE **JAMES** MAY within A. 13. 19 66 (Type or print) DEATH after 1 S SEX 7 MARRIED X 8 DATE OF BIRTH AGE (n years IF UNDER 1 YEAR FUNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED lost birthdoy) Doys Hours **PEMALE** WIDOWED DIVORCED WHITE haurs 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT II BIRTHPLACE (State or foreign country) COUNTRY? S. A. WORK INDUSTRY any OWN HOME 24 MARYLAND bages 13 FATHER S NAME penc 14. MOTHER'S MAIDEN NAME certificate shauld be executed within Ξ ELLSWORTH CRAY KATIE KILROY and IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war ar dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address ar remaval, THOS. J. JAMES, 99 BOWERY ST., FROSTBURG, MD. 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY HOURS DEATH HEPATO RENAL SHOCK IMMEDIATE CAUSE (o) used as a burial-trai burial, cremation, a writing the ward DUE TO DAYS Conditions, if any, which gove ACUTE FATTY LIVER rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PULMONARY CONGESTION AND EDEMA please execute the certificate. YES 🛶 NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of impry in Port I or Port I of tem 181) PRIMARY OF CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. B 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Not While foctory, street, office bldg., etc.) DIRECTOR: Page 19 at work at work designated 2). I certify that I taak charge of the remains described above, held an Autopsy 🕱, Inspection 🕱 Inquiry 🔀 and in my apinian death resulted fram. Natural causes X Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X May 13, 1966 TO DEPUTY DEPUTY MEDICAL EXAMINER Б **EXAMINER'S** BENEDICT SKITARELIC. M. D. CUMBERLAND, MD. lealth Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 × BUR LAT MAY 16, 1966 LAUREL HILL CEMETERY BARTON. 24 FUNERAL DIRECTOR 2Sb REGISTRAR 5 SIGNATURE RECQ BY REGISTRAR VR A15ME JOSEPH R. DURST, SR., FROSTBURG, MD.

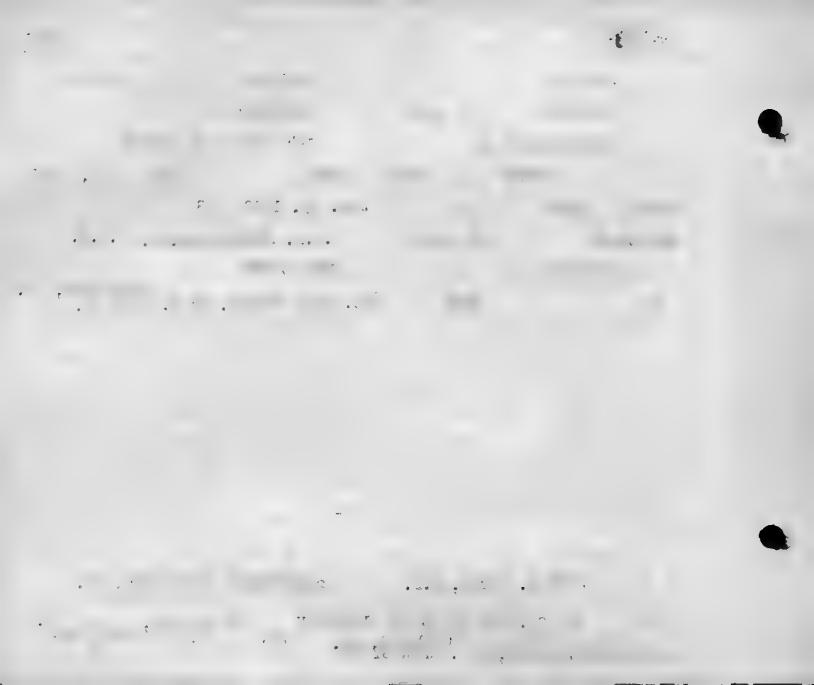


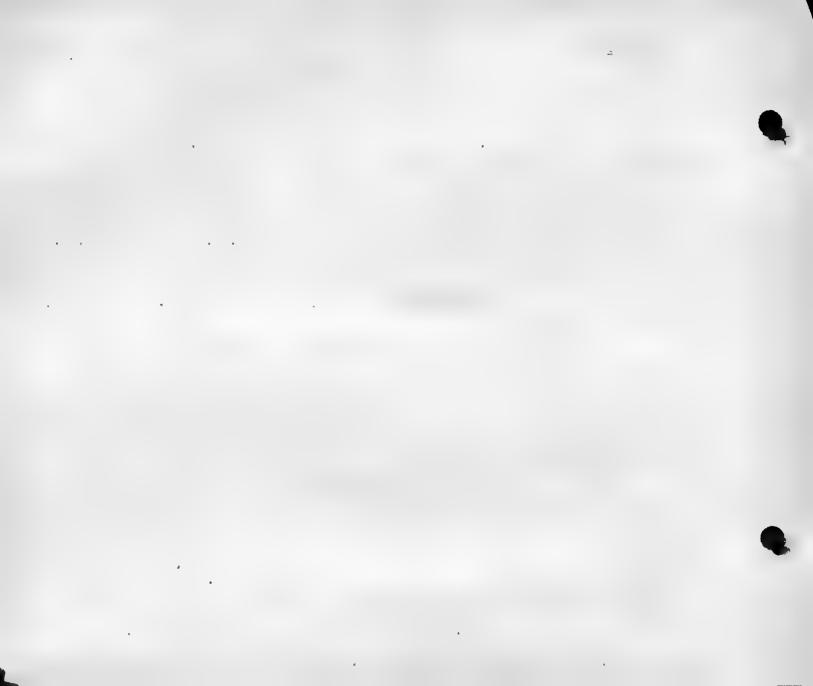
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. callegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Lonaconing Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARMS Miners Hospital State Street YES NO A 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH XX/May 1st. 1966 JAMES JONES 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR. IF UNDER 24 HRS. lest birthday) Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Wva. Paper CO.Luke, MD. Lonaconing, 14. MOTHER'S MAIDEN NAX Matthew Jones Mary Waddell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Renh bA Mary Jones. Lonaconing. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSTS Conditions, if any, which (b) gava risa to immediate causa **DUE TO** (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a), 19, WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) While factory, street, office bldg., atc.) Hour a.m. Not While at work at work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 and in my opinion death resulted from. Natural causes Suicide . Undetermined manner Homicide should be forward PUNERAL DIRE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Address (Street, city, town, or county) Benedict Skitarelic 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) 40 5 Frostburg Memorial Park Burial Frostburg. 23. FUNERAL DIRECTOR V5. A15ME George Eichhorn Lonaconing, MD.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission A. COUNTY e. STATE b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO HOSPITAL NAME OF Middle DATE DECEASED OF (Type or print) DEATH 19 66 SUSAN RITTH JONES. 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 9. AGE (In years F UNDER 24 HRS. IF UNDER I YEAR lest birthday) Months | WIDOWEDY DIVORCED 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) R.F.D. MEYERSDALE, PA HOUSEWIFE OWN HOME 13. FATHER'S NAME MOTHER'S MAIDEN NAME agnes suder LEWIS KNEPP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) i (Ifyes give werer detes of service) MRS. SARA 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) gove rise to immediate cause tructive portal system **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPS'S PERFORMED 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work 21. I certify that (I) (this hospital) attended the deceased from..... 2219 (A) and that death occurred a 37 M, from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE **ATTENDING** STAFF SIGNED DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) B. DAVIS, M.D. BROADWAY. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. AK CEMETERY YR A15 (4) 15M 7-62







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Դւ	PLACE OF DEATH	2. USUÁL RESIDENC	CE (Where decessed lived, If ans	titution: Residence before adm
	Allegany Manyla	a. STATE IV. Vo	b. COUNTY	Tucker /
-	b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY II	_	f outside corporate limits, write R	URAL end give neerest town)
	write RURAL and give neerest town) Longconing	Par	rsons	2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d STREET ADDRESS	30//3	e. IS RESI
	Kyle Nursing Home			ON A F
3	NAME OF First Middle	Last	4. DATE Month	Dey Year
	(Type or print) George	Judy	DEATH May	8th. 19639
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		9. AGE (In years IF	, .,
	Male White WIDOWED TO DIVORCED	1 7/		Nonths Days Hours
10	De. USUAL OCCUPATION (Give kind of work 10h KIND OF BLISINESS OF INI	SUSTRY 11, BIRTHPLAGE (Count	y & State, or totelon country)	12. CITIZEN OF WHAT CO
¢	Lumberman Woods Retired	10111	C 10.11	
10	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME Y W. Va.	· -U.S.A
	Charles Daniel Judy	1 0	11 4	
\$ I	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I	17. INFORMANT	all Aimes Address	
()	(es, no, or unkown) (Hyesgivewerordetexofservice)			M
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Keaonds At Ky	ple Nursing Hom	e, Longfanning
	PART I. DEATH WAS CAUSED BY	La O Dante	5 11/20	ONSET AND DE
	IMMEDIATE CAUSE (e)	THE DATE OF	<u> </u>	2 1000
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	(a), steting the underlying DUE TO			
z		JT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART I(a) (19. WAS AU
CERTIFICATION				PERFOR
JEIC.	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in	Part I or Pert II of item 18.1	YES N
EP.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	a a titular a ti	, , , , , , , , , , , , , , , , , , , ,	
AL.		. PLACE OF INJURY (Homa, farm	, ; 20f. (City or town)	(County) (S
MEDICAL	Hour a.m. While Not While	fectory, street, office bldg., etc.	1	(coam)
2			1/3 \010 1 0	//-
	21. I certify that (I) (this hospital) attended the deceased f			, 19.550 that (1) Yv
	saw the deceased alive on	that death occurred at	M, from the caules an	d on the date stated a
	than con and		AED. STAFF	5 0 6
	22c. PHYSICIAN'S	M.D. PHYS. D	IRECTOR PHYS.	3-716
	NAME (Type) L. R. MILES JR. M	. D. LON/tc	ONING	MD.
2	3e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME		23d. LOCATION (City, town	or county) (Ste
-	REMOVAL (Specify)	/ ^m	1 / 1	ucker (o. W.)
2	removal-Durual 5-19-1900 Leadmine Funeral director's Signature Address		'D BY REGISTRAR 25b. REGIS	
1	000 m 21 / /	11/9 DATE	N 7 1966 AC	carles Judge
		// — IDATE U		- VA - A

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE MEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b COUNTY 2, and 3 to PM3 Page 75 Maryland Allegany MARY, AND Allegany b CITY OR TOWN I fautside carparate limits. c LENGTH OF STAY IN 1b c ETY DR TOWN (I outside corparate imits, write RURAL and give nearest town) write_RURAL_and give nearest town) 60 years Cumberland Cumberland d NAME OF HOSPITAL DR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? haurs in pencil in Item 18 Give Pages 1, 22 Potomac Street Memorial Hospital YES NO 3 w thin 24 haurs after death with the Sto within 72 h 3 NAME OF Middie 4 DATE Year DECEASED May Keller 66 Jacob Elliott DEATH (Type or print) 9 AGE (In years S SEX 8 DATE DE BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 60st birthday) Manths July 11, 1896 White Male WIDOWED DIVORCED 11 BiRTHPLACE (State or foreign country) 10a USUA, OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Retired Carman INDUSTRY Railroad Chambersburg, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Martin L. Keller Martha E. Elliott IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dotes of service ar remayal, Mr. Harold E. Keller, Hagerstown, Md. - Son INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY Contusions of Brain, Subdural Hemorrhage IMMEDIATE CAUSE (o) word burial, crematian, DUE TO Skull Fracture 11 Conditions, if any, which gove rise to immediate cause (a). DUF TO stating the underlying cause 19 WAS AUTOPSY
PERFORMED?
YES A NO PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Mesenteric Thrombosis, terminal the certificate. 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTR BUTING CAUSE DE DEATH Fell from Ladder at Home 20d INJURY OCCURRED Not While at wark 20e PLACE OF INJURY (Home, form 20f (City or town) ((county) 20c TIME OF NJURY Month, Day, Year factory, street, office bidg, etc.) 11:20 May 24 19 66 While at work Cumberland, Alleg. Md. Inspection XX Inquiry X, and in my apin on 21. I certify that I taak charge of the remains described obove, held an Autopsy XXI, -Accident XX Suicide 🗍 Hamicide | Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURES May 28,1966 TO DEPUTY EXAMINER'S Rt.9.Cumberland Benedict Skitarelic. M.D. 5 may 10 FUNE Health Address (Street, city, tawn, or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Hillcrest Burial Park Cumberland, Md. 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR ATSME James F. Scarpelli, Cumberland. Md. Melanles Judge 1966



RYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a, STATE **b.** COUNTY b. CITY OR TOWN (if outside corporate limits, maryland Allegany.
c. CITY OR TOWN (foutside corporate limits, write RUML and give nearest town) 일으로 MARYLAND Maryland c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cumberland umberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS m. IS RESIDENCE ON A FARM? YES NO TO ashinoton Washinoto 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH ط ما 19 IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years HE UNDER 1 YEAR last birthday) Months WIDOWED [DIVORCED 403 63 yrs. 10a USUAL OCCUPATION , G va kind of work 106. KIND OF BUS NESS OR INDUSTRY RTHP. ACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Maryland 9 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER INU.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) Cumberland, Md. Margaret 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) love, and The brain Conditions, if any, which gava rise to immadiate cause **DUE TO** (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20s. ACCIDENT WAS UNDERLYING [1 OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) Not While Hour a.m. at work at work 19 01 70 21. I certify that (I) (this hospital) attended the deceased from to ... saw the deceased alive on.... 22b, DATE 22a. SIGNATUIR ATTENDING 1 DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNERA THEHE 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) 2 F 3 Md & Paul Cemetery Cumberland Burial 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cumberland, Mo 15M 9/60



1 (1)	MARYLAND STATE DEPARTN Division of STATISTICAL RESEARCH AND RECORDS, 301 W. P.	NENT OF HEALTH RESTON STREET, BALTIMORE, MARYLAND 21201
. (M)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. P. CERTIFICATE OF	DEATH 06250
r death uneral 1 and 2	1. PLACE OF DEATH O COUNTY a. ST	
ars afte	b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Cumberland 9 days	Maryland OR TOWN (If outside corporate limits, write RURAT and give nearest town) Cumberland
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te be e ian and ase rer ind in a	106 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist RR Railroad	THPLACE (COUNT & Stote, or foreign country) UMDER LAND, MO. THING MY ONNA / W. / Ver THERS MAIDEN NAME
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attended by sixing and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remark carbon pagers. Pages 1 and 2 should be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death.	13. FATHERS NAME 14 MO Stephen F. King	Catherine ? McCamley
death the tree of the street o	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAT (Yes, na, or ugknown) (If yes give wor or dotes of service) 705-09-9520	Pt. Chart
nat the n.y. the a y the a nast pe	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardeae faclure	INTERVAL BETWEEN ONSET AND DEATH
requires that the dear spinsion. Signed by the attent burial-transit permits to burial, cremation, at	Canditions, if any, which gave itse to immediate couse (a),	Partron 3 work,
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YSICIA) aspital certifica thed far	205. DESCRIBE HOW INJURY OCCURRED. (Enter nat (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG PH 14 the h 15 the this 16 detach 17 the Delay	p.m. 19 at work at wark	affice bldg., etc.)
TTEND ained bound bound bound bound build	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 129 1966, and that death	accurred at 12 M, from lauses and an the date stated abave
/ be ref DiREC DiREC Signa 3 s	22. PHYSCIANS 122d	NDING MED. STAFF PHYS. 0 5/31/66
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept.	NAME (Type) S. Weisman M.D. 230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR	23d LOCATION (City or Town) (County) (Stote)
\}	FREMOVA (Specify) June 2,1966 St. Mary ceme 24 FUNERAL DIRECTOR ADDRESS	tery Cumberland, Md. Allegany 250, RECU BY REGISTRAR 250, REGISTRARS, SIGNATURE
VR A15 (4) 20 M 1/66	James F. Scarpelli, Cumberland, Md.	MUN 6 1966 Jacobes Judge



FOR STATE HEALTH DEPT.

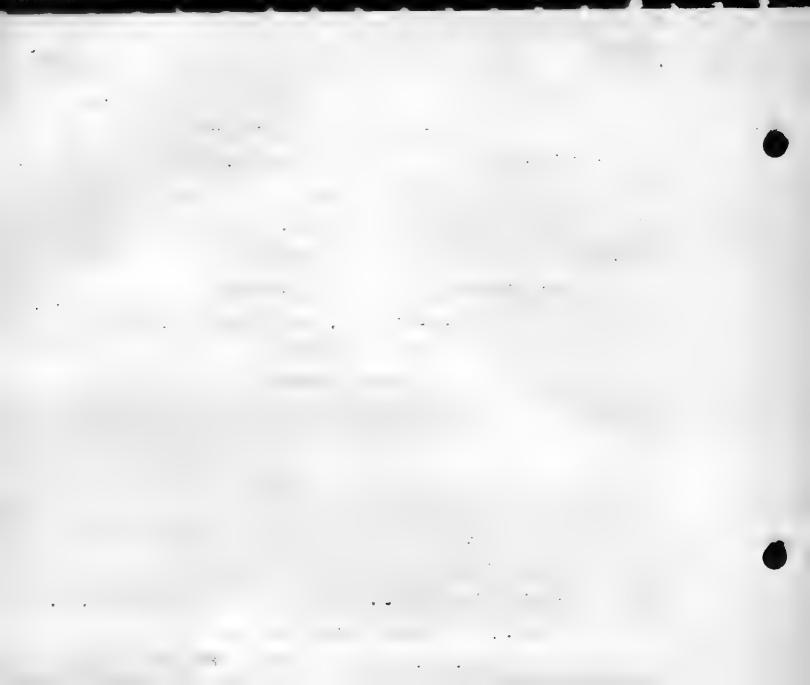
may be funeral the State Department 72 hours after death. O DEPUTY MEL XAMMINER: This certificate should be executed within 24 hours after death. If any delay please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and page of Health or its designated agent, prior to burial, cremation, or removal, and in any event within TO DEPUTY MED

A15ME (5)

			PARIMENIUF			
Division of STAT	ISTICAL RESEA	RCH AND RECORD:	S, 301 W. PRESTON	STREET	F. RALTIMORE	1 MARYLAND
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SABEN

1.	PLACE OF DEATH a, COUNTY			E (Where deceased lived, If institution: R	esidence before admission)	
	Allegany	MARYLAND	a, STATE	vland b. COUNTY		
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	Vland Allege Butside corporate limits, write RURAL	and give nearest town)	
	Cumberland	Years	Cami	berland	4	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET AODRESS		e. IS RESIDENCE	
_	604 Winifred Road		604 Wi	nifred Road	ON A FARM?	
3.	NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day Year	
	(Type or print) Rosa	Belle	King	DEATH MAY	15 1966	
5.	SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeara IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.	
F	emale White WIDOWED	X DIVORCED	April 29, 18		Daya Hours Min.	
10a	NUSUAL OCCUPATION (Give kind of work done 10b. Killing most of working life, even if retired)	ND OF BUSINESS OR OUSTRY		ate or foreign country) 12. C	ITIZEN OF WHAT	
	Housewife		Marylan		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
	Joseph Ellsworth		Dema 1	Robinette		
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Route 5, Box	c 143 Gresan	
	_No21	7-28-7558 M	rs. Aileen H	endra, Park, Cumber	land. Md	
	18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]			1 INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CORONARY C	CCLUSION		SUDDEN DEATH	
	1/2					
	4201 DUE TO		-			
	H201 DUE TO Conditions, if any, which \	CORONARY	SCLEROSIS		107	
	Conditions, if any, which gave rise to immediate (b)	CORONARY	SCLEROSIS		199	
	### DUE TO Conditions, if any, which gave rise to immediate (b)	CORONARY	SCLEROSIS		199	
ION	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO			SEASE CONDITION GIVEN IN PART 1(a)	[19. WAS AUTOPSY	
CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO OUE TO			SEASE CONDITION GIVEN IN PART 1(a)		
TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO OUE TO OUE TO OUE TO CONTRIBUTIONS CONTRIBUTE CONTRIBUTE WAS 1.20h DI	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
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CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), ateting the underlying cause last. CO CONDITIONS COUE TO	ESCRIBE HOW INJURY OCCU	TED TO THE TERMINAL DI	injury in Part I or Part II of Item 18.	19. WAS AUTOPSY PERFORMED? YES NO X	
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23a	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. COUE TO Underlying cause last. CAUSE OF DEATH. CA	ESCRIBE HOW INJURY OCCU JURY OCCURRED 20e. PLA facto at work ins described above, hel Accident , Sui Lacale relic, M.D. 23c. NAME OF CEMETERS	TED TO THE TERMINAL DI DRRED. (Enter nature of CE OF INJURY (Home, far ry, street, office bidg., etc.) d an Autopsy, cide, Homicid	injury in Part I or Part II of Item 18. m. 20f. (City or town) (Country X. e, Undetermined manner EXAMINER ICAL EXAMINER L EXAMINER KX May 15, 1 city, town, or country town or country.	nty) (State) and in my opinion 22. DATE SIGNED 266 and, Md. inty) (State) Mary Land S SIGNATURE	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Information CERTIFICATE OF DEATH 86256 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and O. COUNTY EGANY **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If guisside corparate limits, write RURAL and give nearest tawn) hours WILEY FORD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL I NO EX remave carban p NAME OF Middle First 4. DATE Year Twin TT DECEASED DONALD MARK (Type or print) DEATH 19 MA Y S SEX 9. AGE (In years IE LINDER 1 YEAR 1F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K last birthday) Months Days Hours MALE WHITE 29.1966 WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Da LSUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY none CUMBERLAND, MD 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya CHARLOTTE KLINE Donald Ray Self 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (if yes give war or dates af service MEMORIAL HOSPITAL, CUMBERLAND, MD. none crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY - IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Page 4 may be retained by the hospital or this certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) Hour a.m factory, street, affice bldg., etc.) at wark O FUNERAL DIRECTOR: After at wark 21. I certify that (I) (this haspital) attended the deceased fram 19 6 9 hat (1) (we) last , page 3 should be filed with the PM, fram causes and an the date stated above. 66 and that death occurred a saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR May 2,1966 M.D. 22d. **ADORESS** D-wson, M.D. AAME (Type) Dr. Robert Grenne St. Cumberland, Md. director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) May 2, 7166 Sunset Memorial Park Cumberland Na Eurla! 24. FUNERAL DIRECTOR Scarnelli, Cumberland, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08257 in by the funeral ners. Pages 1 and 2 requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o. STATE **b.** COUNTY MINERAL ALLEGANY MARYLAND WEST VIRGINIA b CITY OR TOWN (If outside corporate timits L CITY OR TOWN (If outside carporate limits, write RURAL and give nectest town) write RURAL and give nearest town) WILEY FORD CHMRERI AND gapers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the ottending physician and completely filled sit permit. Then please remove carbon gape MEMORIAL HOSPITAL YES NO IX please remove corbon 3. NAME OF Middle 4. DATE First Lost Day Year Twin I DECEASED OF DEATH LYNN KLINE MAY 19 66 RONALD (Type or print) S SEX 9 AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED X lost birthdov Months Hours Auo MALE WHITE WIDOWED DIVORCED 29.1966 12 CITIZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** none CUMBERLAND, MOTHER'S MAIDEN NAME MARYLAND 13 FATHER'S NAME Donald Ray Self CHARLOTTE KLINE 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT or re 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL, CUMBERLAND. MD. none INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH ai IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse attending this certificate has been os the prior tal lost. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES | NO Page 4 may be retained by the hospital or 200 ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, form, 2Dd. INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg . etc.) Not While 10 FUNERAL DIRECTOR: After ot work 1966 that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased from 19.66 ta 2 5 M, from causes and an the date stated abave. shauld saw the deceased alive an 1966 and that death accurred at 22o. SIGNATURE 226 QATE SIGNED our M.D. 22d ADDRESS NAME (Type) Dr. Bobert J. Dawson, M.D. 500 Greene St.. Cumberland, Md. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVAL (Specify) May 2, 1966 Sunset Memorial Park Cumberland, Ma. Burial 2So. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 James F. Scarpelli, Cumberland, Md. -204.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08258 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY carbon papers. Pages 1 ent, within 72 haurs after MARY! AND campletely filled in by the progress. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 328 FAYETTE NO A 3. NAME OF Eirst Middle DATE Lost Month Opy Year DECEASED OF DEATH IIXX KREMER MAY 66 ELIZABETH G. 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** 10-24-1896 last buthday) Manths Oays Hours FEMALE WHITE WIOOWED OIVORCED the attending physician and sit permit. Then please permit too USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT OWN HOME puo S. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal. META BLOCK GETINGER KRANKKX HOWARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, of unknown) (If yes give wor or dotes of service UNKNOWN CUMBERLAND. MD. MEMORIAL HOSPITAL. 18. CAUSE OF OEATH (Enter only one couse per line for (e), (b), ond_(c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave (b) nse ta immediate couse (a), DUE TO stoting the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I at Part II of item 18.) 200 ACC₁DENT WAS UNDERLYING

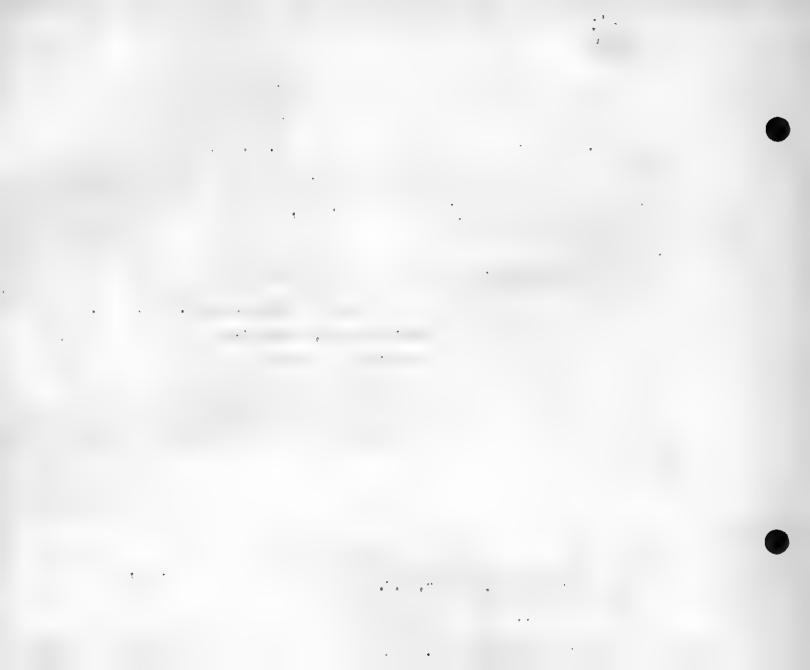
☐ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (County) (State) 20c TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour am. Nat While 19 ot wark at work 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.O. DIRECTOR PHYS. 22d. AODRESS 22 PHYSICIAN'S TO HOSPITAL GREENE ST. BLANE SCHINDLER NAME (Type) DR. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (Stote) (County) REMOVAL (Specify)
BURIAL ELMWOOD CEMETERY SHEPHERDSTOWN, W. MAY 14.1966 24. FUNERAL DIRECTOR BYRON KIGHT **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CUMBERLAND, MD. VR A15 (4) 20 M 1/66 Mlesse



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Vand 2 r death 24 hours after death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Pages La a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Allegany MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I completely filled in by a give carbon papers. Page pevent, within 72 hours a Wosternport
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gwe street address) McCoole d. STREET ACCRESS 6. IS RESIDENCE ON A FARM? 133 Front Street Charles Boehmes YES NOTE requires that the death certificate be executed within 3. NAME OF Middle DATE Dav Last 4. Month Year DECEASED May. 28, 1966 (Type or print) DEATH Davis Lahman 19 George 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX OATE OF BIRTH attending physician and corrmit. Then please remove 3, or removal, and in any ev 7. MARRIED T NEVER MARRIED last birthday) Months Hours Davs May.21.1876 WIOOWED OIVORCED [7] Male White WI 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Retired Machanic Medley.W. Va. U.S.A. Ba& OaRaRa 14. MOTHER'S MAIDEN NAME Nancy Jane McDonald Abraham Lahman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit, ir to burial, cremation, or i (Yes, no, or unknown) ((If yes give war or dates of service) Baltimore, Md. Waneta Uhler None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH (Daughter) PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) the hospital or attending physician. DUE TO Cenditions, If any, which gave rise to Immediate OUE TO cause (a), stating the underlying cause last. 35 WAS AUTOPSY PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hither than the second to the second the second the second the second the second than the second t PERFORMED? YES [NO ₹ 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 3 should with the S retained 19605 to 5 - 31 21. I certify that (I) (this hospital) attended the deceased from. that (I) (we) last and that death occurred at 1 . 3% Point be causes and on the date stated above. saw the deceased alive on. 22b. 22a. SIGNATURÉ DATE SIGNED O FUNERAL DIRE director, page 3 shortd be filed v 置 ATTENDING PHYS. DIRECTOR . ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) R. W. Bess. Jr. M. D. 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City, town or county) 2 Keyser W. Va. Queens Point Cemetery Burial 5--31--66 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR VR AI5 (4) Keyser.W.Va **■**JJM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAYE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Allegany Maryland Allegany
c. CITY OR TOWN (If autaide corporate limits, write RORAL and give nearest town) MARYLAND Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b тау Cumberland Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? State hours 232 N. Centre St 232 N. Centre St NO K s after death. If any delaise. Give Pages 1, 2, and 3 long with form PM3. Pe 3. NAME OF Middle DATE á. Month Day Year DECEASED (Type or print) DEATH Jessie Elizabeth 1966 Leasure within 5. SEX 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours WIDOWED X 76 Femala White DIVORCED [July 16, 1889 with 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** XAMINER: This certificate should be executed within 24 hours after certificate, writing the word "pending" in pencil in Item 18. Giould be forwarded to the Chief Medical Examiner's Office along Housewife West Virginia S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Frank Shanholtzer Almeda Durst 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unbown) (Of yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I removal. Md No Margaret Leasure, 232 N. Centre St. Cumberland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: I year a burial-transit Carcinomatosis1 generalized IMMEDIATE CAUSE (6) 1541 DUE TO Carcinoma of Rectum 2 years Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the used as a to burial, c eg. underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION WAS AUTOPSY PERFORMED? YES NO 3 should be a 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) EXAMINER: Hour e.m. While Not While at work CTOR: Page designated should I 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 🔼 and in my opinion FUNERAL DIRECTOR: Health or its design death resulted from: Natural causes T. Accident Undetermined manner Suicide Homicide your CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for May 4, 1966 DEPUTY MEDICAL EXAMINER director. **EXAMINER'S** Benedict Skitarelic. M.D. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
BURIAL
May 7. 196 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Ď, 0 May 7. 1966 Hillcrest Burial Park Cumberland. Maryland FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AI 5ME (5) 230 Balto Ave., 1966 Cumberland. 1/65

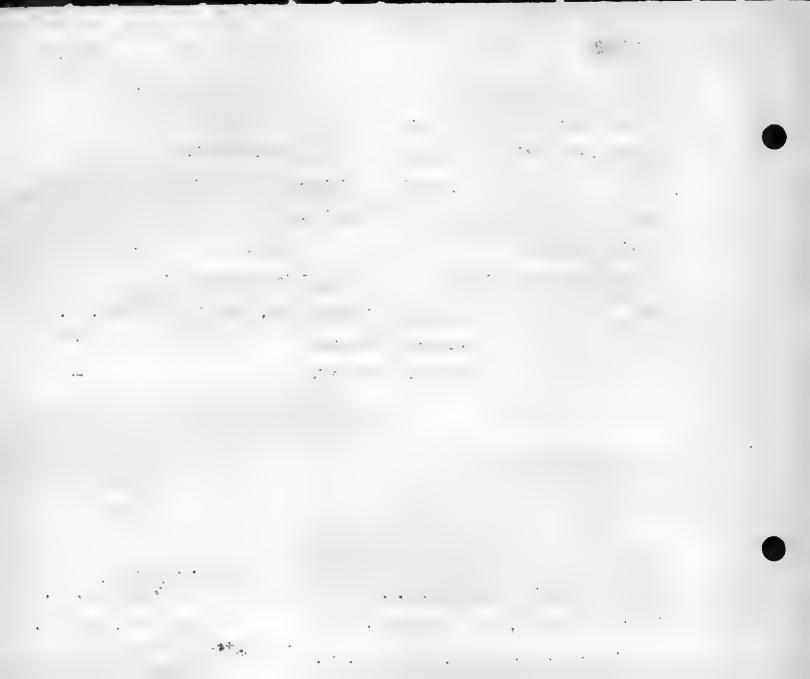


MARYLAND-STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the t Pages 1 urs after Allegany Maryland Allegany MARYLANO b. CITY DR TOWN (if outside corporate limits, c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Frostburg Lonaconing .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled o. IS RESIDENCE ON A FARM? d. STREET ADDRESS Miners Hospital Main Street YES T NO X executed within 3. NAME DE Middle Last DATE Month Year DECEASED (Type or print) Elizabeth Lewis DEATH 66 May 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED томе 8. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Hours 0ays Female WIDOWED OIVORCEO [May 16 76 yrs. 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR .⊑ 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT lease and ir during most of working life, even if retired) COUNTRY? U.S.A. Lonaconing, Maryland none certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending a burial-transit permit. Then burial, cremation, or remova Margaret Stewart Ejkiel Duckworth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. PHYSICIAN: The law requires that the death (Yes, no, or unkown) ((If yes give war or dates of service) Mrs. Althea Stakem Lonaconing 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] "Daughter" INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARCINOMA the hospital or attending physician. **OUE TO** Cenditions, If any, which been gave rise to immediate as the t OUE TD cause (a), stating the underlying cause last. has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? this certificate MELLITUS ARTERIOSCLEROSIS NO X YES 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 2Df. (City or town) (County) be de State should be Hour a.m. Not While p.m. at work at work 19.56 to MA) O FUNERAL DIRECTOR: J director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from .19.66, and that death occurred at 10 AM, from the causes and on the date stated above. saw the deceased alive on MA 22a. SIGNATURE 22b. DATE SIGNED O HOSPITAL OR J Page 4 may be r ATTENOING N MED. O HOSPITAL PHYSICIAN'S NAME (Type) CONTIVO NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. LOCATION (City, town or county) (State) REMDVAL (Specify) Longconing Md. Cemetery Burial 24. FUNERAL DIRECTOR 1966 Lonatoning, Md. George Eichhorn VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 66262 requires that the death certificate be executed within 24 hours after death by the attending physician and completely filled in by the funeral ransit permit. Then please remave carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o. STATE b. COUNTY ALLEGANY CO. e MARYLAND 2 b CITY OR TOWN (f autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) transit permit. Then please remave carban papers. Pac crematian, or remaval, and in any event, within 72 hours RT.#1 FLINTSTONE DAYS d STREET ADDRESS e. IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ON A FARM? MEMORIAL HOSPITAL YES NO--NAME OF Middle First 4. DATE Last Day Year DECEASED WADE S. LITTLEFIELD MAY (Type or print) DEATH 19 66 IF UNDER 24 HRS. S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED X B. DATE OF BIRTH **NEVER MARRIED** ast birthday) Months Days Haues WHITE WIDOWED DIVORCED 6-16-1893 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
RETIRED CEL COUNTRY FLINTSTONE MARYLAN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES LITTLEFIELD HANNAH THOMPSON 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war ar dates of service 203-07-1/15/1 MEMORIAL HOSPITAL CUMBERLAND INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate couse (a). **DUE TO** use as the lath prior to b stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT FICATION of Health NO ã 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a m. factory, street, office bldg , etc.) While Not While at work at wark 21. I certify that (1) (this hospital) attended the deceased fram. 19 66 and that death accurred at 1:05 MM fram causes and an the date stated above saw the deceased abive an_ 22g SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR PHYS. directar, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) DR.W.F .WILLIAMS S. CENTRE ST. CUMBERLAND 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) REMOYAL (Specify) Hillcrest Burial Park Cumberland Alleg Maryland 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Ruth E. Silcox Cumberland, Maryland 21502

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Allegany a. STATE b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Department after death. MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland Years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADORESS e. IS RESIDENCE ON A FARM? State hours a Bowmans Addition Bowmans Addition NO Z 3. NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH MAY 18 1966 Edward Livingood 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) Months | Dava Hours after death. April 25, 1903 Male 63 White WICOWEO XX DIVORCEO [1Da. USUAL DCCUPATION (Give kind of work done) 1Db. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give COUNTRY? Retired Laborer Maryland SA pages in any EXAMINER: This certificate should be executed within 24 hours after a certificate, writing the word "pending" in pencil in Item 18. G should be forwarded to the Chief Medical Examiner's Office along 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Truman Franklin Livingood Quillia Frances Albright File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Hyes give war or dates of service) 17. INFORMANT AdBowmans Addition permit. F Yes W W 2 Donald Miller, Route 1, Cumberland, Md. 18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWEEN CONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) used as a burlal-transit to burial, cremation, or Coronary Occlusion OHE TO Conditions, If any, which Sclerosis Coronary gave rise to immediate **OUE TO** cause (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTDPSY PERFORMED? NO T YES 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work | Not While 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes 🗸 🛣. Accident Suicide Homicide Undetermined manner YOUY CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Ы FUNERAL I DEPUTY MEDICAL EXAMINER X May 17. 1966 director. retained **EXAMINER'S** Benedict Skitarelic, M.D. NAME (Type) Address (Street, city, town, or county) Cumberland. Md. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 Burial Near Cumberland, Maryland, BY REGISTRAR 256, REGISTRAR'S SIGNATURE Judge Davis Memorial Park 24. FUNERAL DIRECTOR REC'D BY REGISTRAR ALSME (5) Ralto Ave. Cumberland, Md



16.0	MARYLAND STATE DEPARTMENT OF HEALTH	WI AND
E REE	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH	8260
after death. the funeral ges 1 and 2.	1. PLACE OF DEATH a. COUNTY Allogany 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE Maryland b. COUNTY Allogany	
s after by the f Pages 1 irs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)	
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in 2 ithin 7	Kyle Nursing Home 3. NAME OF First Middle Last 14. DATE Month D.	YES NO
uted within completely we carbon pevent, within	DECEASED	19 66
ted Comi	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I) FUNDER 1 YEA	
TO TO THE REST	Male White WIDOWED DIVORCED Jan. 4. 1889 77 WS Months Days	s Hours Min.
a circuit		N OF WHAT
phys	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME) 25 6
ertifi The	William T. Logsdon Mary Ann McGimpsey	
h ce tend iit. or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service))	
deat e at perm ion,	no 1/8/-10-979 J. Joseph Howell Barton.	Md
The law requires that the death certificate be executed within or attending physician. sate has been signed by the attending physician and completely r use as the burial-transit permit. Then please enjoye carbon is afth prior to burial, cremation, or removal, and in any event, with	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OF CINCM & F Lungs	NSET AND DEATH
tha faic grec al-th	DUE TO	
s physical stress puring the puri	Conditions, if any, which gave rise to immediate (b)	
ding ding bee the	cause (a), stating the DUE TO	
law re ttendii has be as th prior	underlying cause last.) (c)	9. WAS AUTOPSY
	CAT	PERFORMED?
PHYSICIAN: the hospital r this certifi detached fo te Dept. of H		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Port While at work	(State)
	21. I certify that (I) (this hospital) attended the deceased from Jon 15, 1966, to May 23, 1966,	that (I) (we) las
STOR Sho	saw the deceased alive on May 17 1966, and that death occurred at 7 P. M. from the causes and on the deceased alive on May 17 1966.	ate stated above
L OR ATTEND sy be retainen by be retainen bage 3 should filed with the	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE STAFF N.D. PHYS. DIRECTOR PHYS. 12b. DATE STAFF N.D. PHYS. PHYS. PHYS. PHYS. DATE STAFF N.D. PHYS.	24 1966
TO HOSPITAL OR A Page 4 may be re Funeral Director, page 3 should be filed will	Paul R. Wilson, M.D. Piedmont, West Virginia	
Pag Pag Shore	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county)	(State)
F E W	Buriar 5/25/66 Laurel Hill Cemetery Moscow Mills, 24. FUNERAL DIRECTOR? ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	Md.
VR A15 (4)	We offerment 363	A. A.
20M 1/65	"esternport, Ma. DAMAY 26 1966 (Charles)	judge :



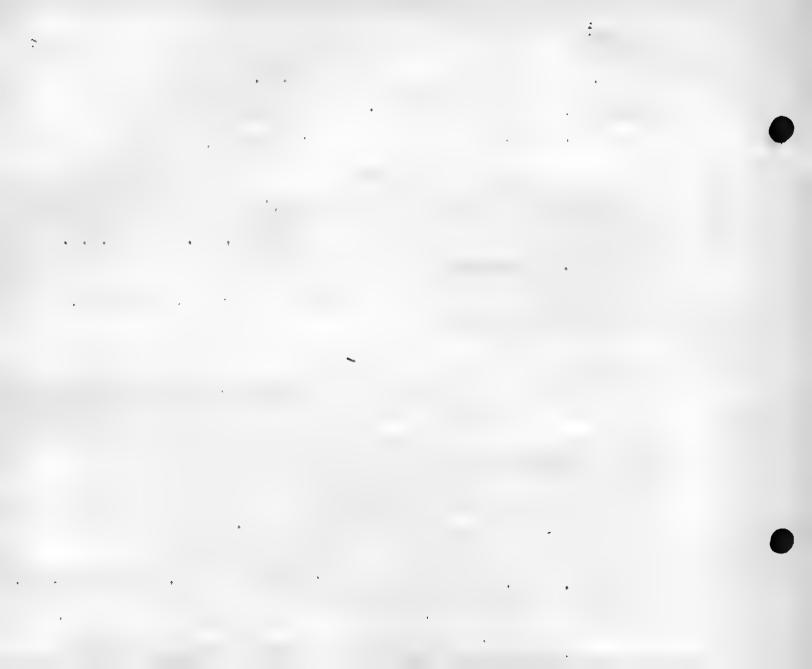
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral ove corbon papers. Pages 1 and event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYTAND ALLEGANY MARYLAND ALLEGANY b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) and a ve nearest town) DOA CUMBERLAND d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSPITAL 706 SHRIVER AVE. YES NO E 3 NAME OF Middle 4 DATE First Month Lost Doy Year DECEASED MACKERI 14 66 JOSEPH MAY (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 9. AGE (In years 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** Manths Days birthday) Haurs 7-6-1897 MALE WHITE WIDOWED DIVORCED **P** 10o USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A during most af warking ife, eyen if retired) INDUSTRY by the ottending physicion transit permit. Then please cremation, or removal, only Retired Supt for Times & Alleganian Co. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Logsdon (Deceased) Edward A. Mackert 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, np. or unknown) (If yes give war or dates of service) PATTENT'S INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), 16), and (c).) signed by the burial-transat p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause os the hos been last 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? State Dept. of Health NO YES O FUNERAL DIRECTOR: After this certificate by the hospitol or jo 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg, etc.) Not While at work ot wark 19.66. ta May 19 406 that (I) (we) last 21. I certify that (I) (this haspital) extended the deceased fram_ Page 4 may be retained 19 662, and that death accurred at 945 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED MED. DIRECTOR directar, page 3 should be filed v 66 M D PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Peter &Paul Cemetery Cumberland. Alleg Maryland 24. FUNERAL DIRECTOR VR A15 (4) H. Lee Silcox Cumberland Maryland 21502 20 M 1/66

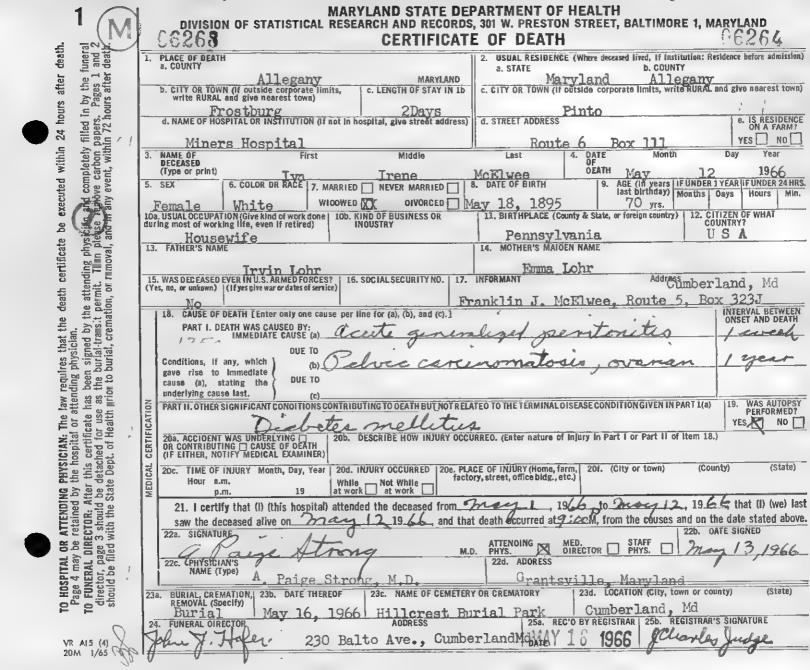


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 98286 requires that the death certificate be executed within 24 haurs after death. lampletely filled in by the funeral ave carbon papers. Pages I and ged PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY Mineral MARYLAND b CITY OR TOWN (If outside corporate limit CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write_RURAL and give nearest town OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC ON A FARM Along St. Rt. 3 NAME OF lost DATE Month Day Year DECEASED 19 (Type or print) aurence DEATH Tunion AGE (n years IF UNDER 1 YEAR S SEX IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) and in any WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Maxson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If we give wor or dates of service 217-10-5678 Mrs. Esther R. Maxson Rt. # 1 Ridgeley. W. Va 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond,(c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART + DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) signed by Conditions, if ony, which gove nse to immed ofe couse (o), DUE TO stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES [NO X Page 4 may be retained by the hospital or far 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De. PLACE OF !NJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not While ot work 2]. I certify that (I) (this hospital) attended the deceased framform 1926, that (I) (we) last h and that death occurred at M, fram causes and an the date stated above. saw the deceased alive on_ 220. SIGNATURE 22b, DATE SIGNED MED DIRECTOR M.D. PHYS directar, page should be filed 22d. ADDRESS 22c /PHYSICIAN'S Blane M. Schindler, M. D. 43 Greene St. Cumberland. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BUR AL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/18/66 Maplewood Cemetery Randolph Co. W. Va. Elkins. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Wayne George Cumberland, Maryland



1	MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
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y the o	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (q).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ONSET AND DEATH
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VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR Arnold Fun. home Petersburg	250 REC'D BY REGISTRAR 25b REGISTRAR	S SIGNATURE



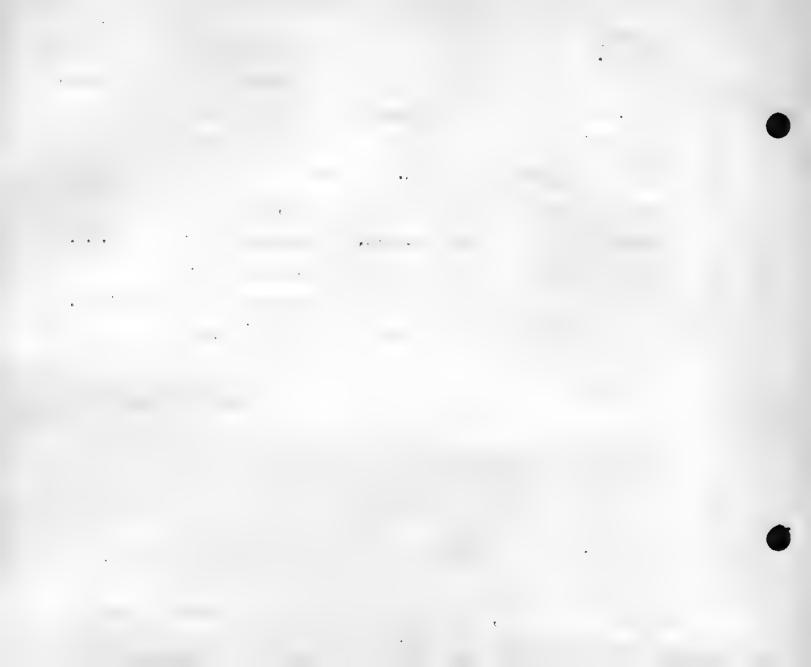




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death in by the funeral irs. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence o. COUNTY o. STATE b. COUNTY **ALLEGANY ALLEGANY** MARYLAND b CITY OR TOWN (factside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corparate limits write RURAL and give nearest town) DAYS CUMBERLAND CUMBÉRLAND popers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e is residence on a farm? d STREET ADDRESS event, within 72 the ottending physicion and completely filled sit permit. Then please remove carban pape MEMORIAL HOSPITAL NO Y 3 NAME OF Veor DECEASED MAY DANIFI FRANCIS 66 (Type or print) MULLEN DEATH 19 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED jast birthday) Doys Hours 5-1-1891 MALE WHTTE ond in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working the, even if refired)
ACTORNEU MT. SAVAGE. MD. \$3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, ar removal, HUGH A. MC MULLEN ANNA M. MULLEDY 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service 217-10-7433 MEMORIAL HOSPITAL-CUMBERLAND. es INTERVAL BETWEE CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH STEALL INTESTINE IMMEDIATE CAUSE (a) OCCLUSION DUE TO MESENT ERIC Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO ARTERIOSCLEROSIS hos been see os the better the prior to be stating the underlying cause lost. USe os WAS AUTOPSY PERFORMED? PART II OTHER SIGNIECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the hospital or 20o ACCIDENT WAS JNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY /Home, form. 20f (City or Jown) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) Haur om foctory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram. 19 50, ta. 1966, that (1) (\$189 last director, page 3 should should be filed with the 19 66, and that death accurred at 5:45M, From Kauses and an the date stated above. TO FUNERAL MIRECTOR: saw the deceased alive an_ 220 SIGNATURE 22b. DATESIGNED **ATTENDING** DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) WEISMAN 59 CUMBERLAND GREENE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL CREMATION REMOVAL (Specify) 5/18/66 SS. Peter & Paul Cem. Cumberland. Maruland ADDRESS 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 H. Wayne George Cumberland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution; Residence before admission) a. COUNTY b. COUNTY Allegany MARYLANO Marvland Allegamy funeral may be CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Cumberland Cumberland 5 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? ay 3 to Page 464 Columbia Street Columbia Street NO Y YES any dela 2, and PM3. F NAME DE DATE Month Year First Middle Last 4. DECEASED (Type or print) DEATH 66 Joseph 19 es 1.7 Mav 5. SEX 6. COLOR OR RACE AGE (In years | IF UNGER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 7. MARRIED 🔽 NEVER MARRIED 🗀 last birthday) | Months | Days death. I Hours 1 N 3 DIVORCEO Male MIDOMEO White event 10s. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Night Watchman Contracting Co. Maryland U-S-A апу pages in any 13. FATHER'S NAME Joseph Metz Deema Robinetta 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of service) permit. removal. EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is ould be forwarded to the Chief Medical Examiner's Columbia Unknown Marv INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DRSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, 0 DUE TO Conditions, if any, which (b) gava rise to immediate DUE TO (a), stating the underlying cause last, used as to burial. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONCITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES 20s. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should tagent, price 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While the certifical should be at work at work DIRECTOR: Page r its designated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER YOUL ➾ Page ACTUAL ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATURES for 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained MA diess (Street, city, town, or county) NAME (Type) 23d. NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION.I OATE THEREOF REMOVAL (Specify) 0 Maryland BY REGISTRAR I MEGISTRAR'S 25b. VR ALSME (5) 1/65



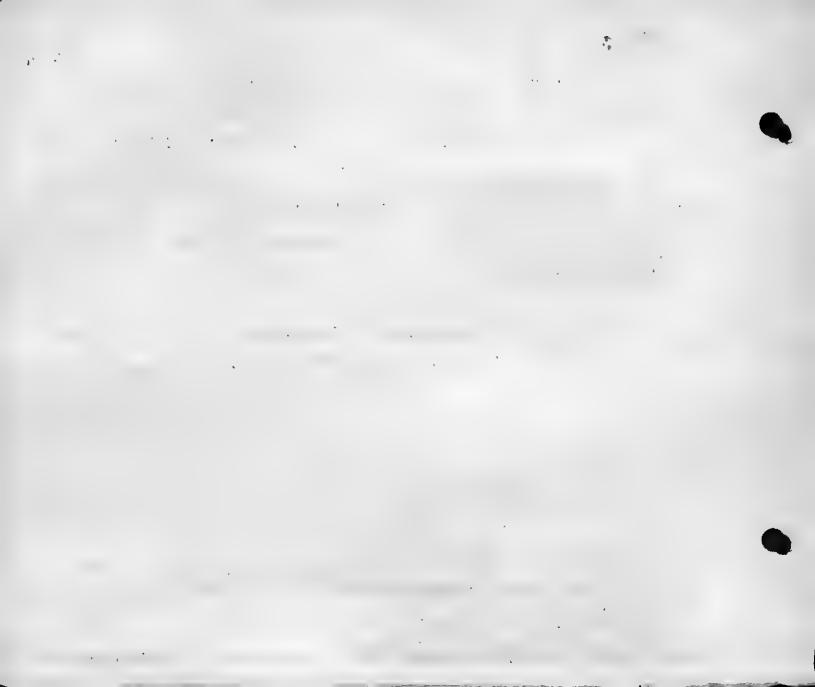
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death cessivate be executed within 24 hours after death and completely filled in by the funeral remave carbon papers. Pages 1 and 2 in any event, within 72 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE MARYLAND ALLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FROSTBURG FROSTBURG 15 MTNS. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MINERS HOSPITAL 30 E. COLLEGE YES NO K Middle 4. DATE Month Day Year 3 NAME OF First DECEASED ELIZABETH MILLER 19 66 MAY DEATH (Type or print) B. DATE OF BIRTH AGE (in years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdov) Months Days Hours DIVORCED and in any WIDOWED SEPT. 14, 1897 FEMALE WHITE 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR the attending Puzze re-COUNTRY? during mast of working life, even if retired) INDUSTRY HOUSE WORK OWN HOME MARYLAND II.S.A 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, ar removal, MARY WADELL MATTHEW JONES 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service 213-05-7130A EARL R. MILLER, FROSTBURG, MD INTERVAL BETWEEN ONSE AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YPAS AUTOPS PERFORMED? far use NO X 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While Haur a.m. at wark 1960, ta 5-3 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 2-10 1966, and that death accurred at 11P. M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S H. C. DIEHL, M. D. NAME (Type) W. MAIN ST. FROSTBURG. 23d. LOCATION (City or Town) (Stote) 23o BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) BURTAL Specify) MAY 6, 1966 FB'G. MEMORKAL PARK FROSTBURG, MD. 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 JOSEPH R. DURST, SR., FROSTBURG, MD. MAY 9

MARYLAND STATE DEPARTMENT OF HEALTH



` 1	MARYLAND STATE DEPARTMENT OF HEALTH
pi	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	C6272 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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XAIN b, wr he C : Pag ent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) Hour a.m. While Not White fectory, street, office bldg., etc.)
ficate ficate to to to to day	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
TITIFICAL BIRECT esignated	death resulted from: Natural causes
DIR	ACTUAL BATTAL ASSISTANT MEDICAL EXAMINER DATE, SIGNED
ry b scure se fo se fo its o	SIGNATURE DEVICE MD ASSISTANT MEDICAL EXAMINER May 7, 1964
NED OF	NAME (Type) Benedict SKITARELIC APPAddress (Street, city, town, or country) Cumberland, Mid
DEP lease e should FUN ealth	220 BUR, AL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, or country)
Dg46±	Surial May 10,1966 Frostburg Wem Fair Frostburg Va.
VR A15ME 5M 1/62	Was the state of t
	Hatel Initial House of minute and Mat 12 1900 frances hade

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06273 CERTIFICATE OF DEATH death requires that the deoth certificate be executed within 24 hours after deoth funeral 1 and PLACE OF OFATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. STATE MARYLAND a. COUNTY b. COUNTY MARYLAND **ALLEGANY** within 72 hours ofter **ALLEGANY** and completely filled in by the remove carbon papers. Pages b. CITY OR TOWN (Il autside carparate limits, C. LENGTH OF STAY IN 16 E CITY OR TOWN (If autside corporate limits, write RJRAL and a ve nearest town) write RURAL and give negrest town)
CUMBERLAND DAYS CUMBERLAND papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 224 COLE STREET MEMORIAL HOSPITAL YES NO NAME OF please remove carbon 4 DATE f:rst Month Doy Year DECEASED LAWRENCE MILLER MAY 1866 and in any event, ÖEATH (Type or print) S SEX IF JNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE OATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIEO lash buthday) Months Days Hours WHITE SEPT.28.1880 MALE DIVORCEO WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY the attending physician sit permit. Then please Retired Celanese Worker MARYL AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mayol, ISAAC MILLER LUCINDA STREET WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Add ZZ Cole St Cumb'd G Miller Nellie (Yes, na, ar unknown) (If yes give wor or dates of service HOSPITAL. CUMBERLAND. MD. Navy Mexican War cremotion 18. CAUSE OF OEATH (Enter only one cause per line for (g), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND OFATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Poge 4 moy be retained by the hospital or attending **D FUNERAL DIRECTOR:** After this certificate hos been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Ellmonici 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or Iown) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc.) While Not While at work at wark 21. I certify that (I) (this hospital) attended the deceased fram 19.66, that (I) (We) last and that death accurred: (1) A. M. fram causes and an the date stated above saw the deseased alive an Ma 1946 22o. SIGNATUR 22b. DATE SIGNED ATTENOING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) . CUMBERI 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Cumberland Greenmount Cemetery Allegany Md 9 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Baltimore Ave., Cumberland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edmission) e. COUNTY Allegany
b. CITY OR TOWN (if outside corporete I m.ts. Marvland MARYLAND Legany e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) 68 years Cumberland Cumberland e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ON A FARM? Sacred Heart Hospital -- DOA YES NO X 412 Furnace 3. NAME OF 4. DATE Event Middle Month DECEASED OF (Type or print) DEATH 1966 Walter Mowerv 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 8. DATE OF BIRTH AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) | Months Davs DIVORCED [WIDOWED YES. June 10. 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S. A. Transportation B&O Railroad Everett 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Rose Reddinger Joseph R. Mowery Hos Was deceased ever in u.s. Armed Forces? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) i (Ifyesg vewerordatesofservice) Mary J. Johnson 412 Furnace St. 18. CAUSE OF DEATH [Enter only one cause per line for (et, (b), and (c),] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY-Occlusion Coronary IMMEDIATE CAUSE (a) DUETO Sclerosis Coronary Conditions, if eny, which gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of them 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month Dey, Yeer | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (State) 20c TIME OF INJURY factory, street, office bidg., etc.) Not While While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX. Inquiry XX and in my opinion **INEC** Undetermined manner death resulted from: Natural causes 77. Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should by for FUNERAL its Resignate May 9. 1966 DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Benedict Skitarelic, Address (Street, city, town, or countimberland, Md. NAME (Typa) 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION. 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 4 0 H Maryland Buria] Zion Memorial VS. AISME SM 9/60



1 (84)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
7		16275		CERTIFICATE	OF DEATH		06271		
in 24 haurs after death filled in by the funeral papers. Pages 1 and 5 hin 72 haurs after death		PLACE OF DEATH a COUNTY ALLEGANY b. City OR TOWN (If outside corporate limits,		MARYLAND c. LENGTH OF STAY IN 16	a. STATE W.	Where deceosed lived, if institution b. COUNTY b. COUNTY utside corporate limits, write RURAL	MINERAL		
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filled in papers		d. NAME OF HOSPITAL OR INSTITUTION (IF not in MEMORIAL HOSPITA	,	e street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 🛣		
unted within mpletely fi		NAME OF First DECEASED (Type or print) SEX 1.6 COLOR OR RACE 1.7		Middle A	MYERS	4 DATE Month OF DEATH MAY	90y Year 26, 1966 FUNDER I YEAR I IF UNDER 24 HRS		
d camp		MALE WHITE	-	X DIVORCED	5-20-03	64 yrs	Aanths Doys Haurs Min		
it the death certificate be executed with the attending physician and campletely sit permit. Then please remaye-carbon nation, ar remayal, and in any fevent, with	10a dur 2 13.	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) hift Supervisor FATHER'S NAME	INDL	O OF BUSINESS OR USTRY Dese		SVILLE, WVA.	12. CITIZEN OF WHAT COUNTRY?		
certif ng phy Then mavo		CRAWFIRD B, MYER		CHA CECUDIEV NO. 122 MI		T. SIMPSON			
death trendir rrmit. n, ar re	(Xe	WAS DECEASED EVER IN L. S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of sei	nicol		FORMANT EMORIAL H	OSPITAL - CUM	BERLAND, MD.		
aquires tha physician. signed by burial-tran		TB. CAUSE OF DEATH (Enter only one couse p PART t DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Canditions, if any, which gove nse to immediate couse (a). Stoting the underlying cause (c)	er line for (o	(b), ond (c) Cor	onary]	Thrombosis	INTERVAL BETWEEN ONSET AND DEATH		
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rstcian: aspital a certificate hed far it. af Heo	A CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RIBE HOW INJURY OCCURRED. (Er					
VG PHY / the h er this s detact ate Dep	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19	While of work	Not While foctor	OF INJURY (Home, form y, street, office bldg., etc.)	(County) (State)		
TENDIN ined by OR: Aftr auld be outle be		21. I certify that (I) (this hospite saw the deceased alive an	al) attende	ed the deceased from	death accurred at	1965, to 700 Hyses on	d on the date stated above.		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to		22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) DR. CLAY	Serv.	URRETT M.D.	ATTENDING PHYS. 22d. ADDRESS 236 VI	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED. 5727/66		
OSPII UNERA Scror,	230			23c. NAME OF CEMETERY OR CR		23d. LOCATION (City or Town)	(County) (State)		
A 07 A 07 A 07 A 07 A 07 A 07 A 07 A 07		BUTTAL DIRECTOR 5/28/66		Hillcrest Buri ADDRESS 1 Ave., Cumb.,	2So REC	Cumberland, A. D BY REGISTRAR 25b. REGIS V 3 1966	TRANS SIGNATURE		
20 IN 1700 / 1/3	and 1	MYST MIRMACL THE	T.T.T.T.G	T WAGE OMITO	TITTO NATO	0 1000	10		

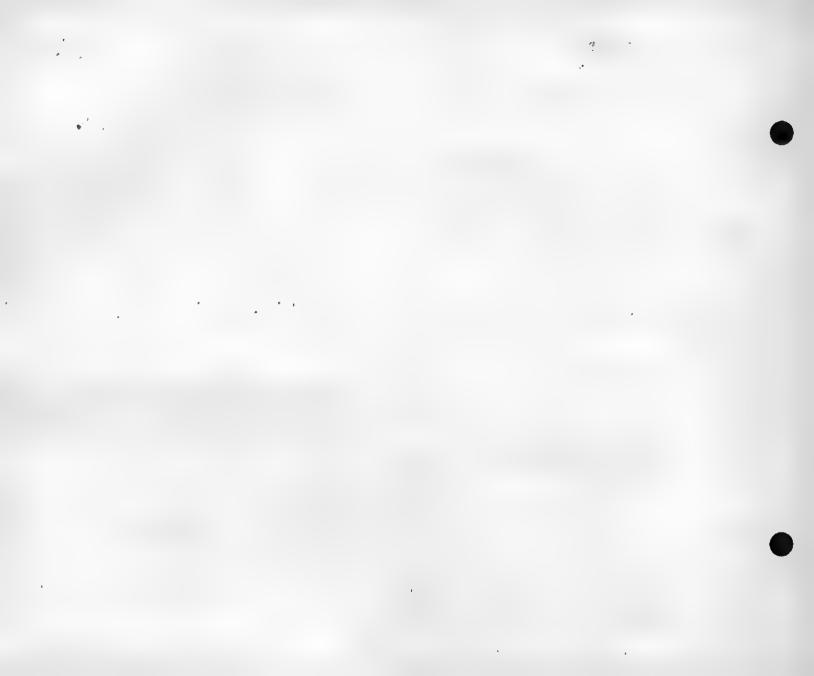


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY o. STATE b COUNTY delay is ond 3 to M3 Page Allegany Marvland Allegany MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (I autside carparate mits, write RURAL and give nearest tawn) write RURAL and give nearest town) ofter Cumberland Cumberland vears a NAME OF HOSP TAL OR INSTITUTION (fingt in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? 72 hours 17 Fifth St. Memorial Hospital Give Poges YES NO Se 3 NAME OF M ddla 4 DATE Eirst Last Month DECEASED Nalis May John W. (Type or print) DEATH within S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR JE UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 6 Mast birthday) Manths 1 June 11, 1901 White Male WIDOWED DIVORCED IDa USUAL OCCUPAT ON (Give kind af work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working life, even if retired)
Laborer INDUSTRY Railroad COUNTRY? Hampshire County, W. Va. USA VAD pages in any 14. MOTHER S MAIDEN NAME This certificate should be executed within 13. FATHER'S NAME Maggie Haines Joseph M. Nealis = gud 16. SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknown) (If yes give war ar dates of service) or removal, Harry E. Nealis, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
Coronary Sclerosis With Thrombosis INTERVAL BETWEEN ONSET AND DEATH Left. Days e, writing the word forwarded to the Ch buriol, cremation, DHE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 00 9 WAS AUTOPS: PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Cerebral Edema, Marked YES X NO please execute the certificate. 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of plury in Part I or Part I of Item 18) PRIMARY I ar CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame form (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg, etc.) Nat While moy be retoined for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X]. Inquiry X and in my ap n on Homicide . the fullerol director. Accident Undetermined monner deoth resulted from: Notural couses-K. Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE __ DEPUTY MEDICAL EXAMINER XX May 5, 1966 5 moy be ro FUNERAL Health or 1 **EXAMINER'S** Address (Street, city, town, or county) Rt.9 Cumberland Benedict kitarelic, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (Caunty) (State) BEMOVAL Shecity) May 8,1966 Fort Ashby Cemetery Fort Ashby, W. Va. 25g. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. Milanter VR A15ME (5) 1966 6M 1766

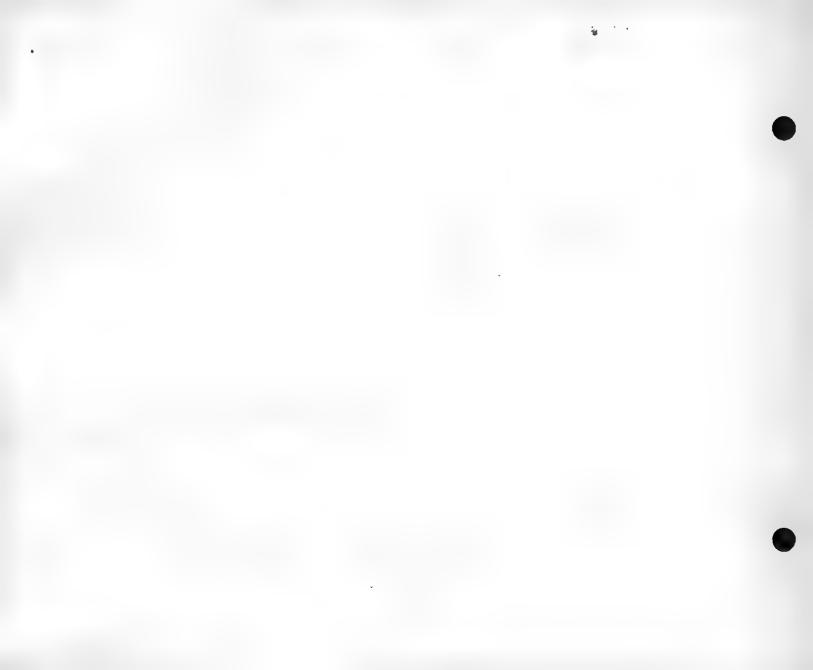


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death and Deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGAMY MARYIAND ALTEGANY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? BOWLING AVE. BOWLING GREE! SACRED HEART HOSPITAL NO DX 3 NAME OF First Middle Lost 4 DATE Month Day DECEASED OF DEATH 22 1966 NORRIS MAY BRITAN WILLIAM (Type of point) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Doys 3-9-66 WIDOWED DIVORCED WHITE MATE 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.SA. during most of working life, even if retired) None CUMBERLAND, MARYLAND None infant requires that the death certificate 14. MOTHER'S MAIDEN NAME physic 13 FATHER S NAME removo DELPHINE (RICE) NORRIS LESTER NORRIS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT R. Norris 396 Bowling Ave. (Yes_no, or unknown) [If yes give wor or dates of service] No None Rowling Green INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line (6) (o), (b), and (c) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO far 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Not While ot work 21. I certify that (I) (this haspital) ottended the deceased from Mr. 19 to mm 19____, that (I) (we) last and that death/occurred at 8:00 AM, from Jauses and on the date stated above. saw the deceased olive an 22b DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BR MARYLAND. GREENE ST. CUMB RLAND. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23g. BURIAL CREMATION REMOVAL (Specify) Maryland 5/24/66 Hillcrest Burial Park Cumberland. 2Sb. REGISTRAR'S SIGNATURE 2So._REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Charles VR A15 (4) 20 M 1/66 Cumberland, Maryland H. Wayne George

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY 2, and 3 ta PM3. Page o. STATE h. COUNTY Department of urs after death Allegany Marvland Allegany MARYLAND. b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate I'm ts write RURAL and a ve nearest town) write RURAL and give nearest town)
Cumberland Cumberland vears d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street aggress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 18 Give Pages 1, 2 along with form hours Hazen Road Hazen Road YES NOSC after death 3 NAME OF 4 DATE 5 Month Doy Year DECEASED OF DEATH O'Neal.Jr. 66 within May (Type or print) George Perry 13 19 WITH S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 5 Lest birthdoy) Months Dovs Hours July 4, 1910 White WIDOWED DIVORCED event Male 100 USUAL OCCUPATION (Give kind of work done 06 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I in any Laborer Cumberland, Md. Lumber 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME George P. O'Neal and Isa Mae Bucv 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address This certificate should be executed rd "penating" in Chief Medical E (Yes, no. or unknown). (If we give wor or dates of service removal, 214-05-7624 Mrs. Lena O'Neal, Cumberland, Md. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Carcinomatosis, Generalized b IMMEDIATE CAUSE (o) crematian, DUE TO Carcinoma of Pancreas 11 Conditions, if only, which gove te, writing the forwarded to t rise to immediate couse (a). **DUE TO** stating the underlying couse used as burial, c last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPS) CERTIFICATION PERFORMED? YES [NO 5 agent, priar ta 20p EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of injury in Port I or Post II of stem 1B) PRIMARY I or CONTRIBUTING I 4 should CAUSE OF DEATH 2De, PLACE OF INJURY (Home, form, (City or town) 2Dc TIME OF INJURY Month, Dov. Year 2Dd INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) DIRECTOR: Page Not While ot work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry [X], and in my apinion the funeral director. Suicide , Undetermined manner death resulted fram: Natural causes X. Accident . Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 87 May 13, 1966 **EXAMINER'S** Benedict Skitarelic, M.D. Cumberland, Md. Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) Burial Specify) May 15, 1966 Pleasant Grove Cemetery Cumberland Ma 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Milantes James F. Scarrelli, Cumberland. Ma. VR ATSME IST 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 be executed within 24 hours after death in by the funeral ers Pages 1 and 2 deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND ve corbon popers Pages 1 event, within 72 hours after MARYLAND b CITY DR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND CUMBERLAND DAYS d. STREET ADDRESS B. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled 16 ELDER ST MEMORIAL HOSPITAL NO X 3 NAME DE Middle 4. DATE Fremove corbon First Lost Month Year DECEASED 1966 CHARLES R. PENNER MA Y DEATH (Type or print) IF UNDER 24 HRS 9. AGE (In years YEAR S SEX DATE OF BIRTH 6 COLDR OR RACE 7 MARRIED NEVER MARRIED 2 rthdoy) Months Hours 7-17-1883 WHITE MALE WIDOWED DIVORCED 70 11. BIRTHPLACE (County & State, or foreign country) Md. 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS OR COUNTRY? during most of working life, even if refired Retired Conductor WOUSIRY Kail WASHINGTON CO. RA. S. road requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physical buriof-tronsit permit. Then a buriol, cremotian, or removal, John MARY LOUISE MKKEER BRASH PENNER **JEWINES**X IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service CUMBERLAND. HOSPITAL. INTERVAL BETWEEN CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. 4 221 DUE TD Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TD stoting the underlying couse hos been as the prior to lost. for use as WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION of Health NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the Stote Dept. of Healt 0 205. DESCRIBE HDW INJURY OCCURRED. (Enter noture of mjury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ਤ 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. factory, street, office bldg., etc.) While Not While ot work of work 21. I certify that (i) (this haspital) attended the deceased from , 19 66 that (I) (we) lost M. Arom causes and an the date stated above. 1966, and that death occurred at sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) CENTRE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION. BEMOVAL (Specify) May 16, 1966 Hillcrest Burial Park Cumberland . Ma. Allegany **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Scarpelli, Cumberland, Ma. VR A15 (4) 20 M 1/66



RYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admiss on) o. COUNTY o. STATE b. COUNTY Page ALLEGANY ALLEGANY MARYLAND delay b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) C LENGTH OF STAY IN Th c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pul P.M3 CUMBERLAND LA VALE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? farm hours 3 SPRINGFIELD BOULEVARD YES NO X Give Poges ote hours after death along with 3 NAME OF First Middle 4 DATE Lost Month Doy Year DECEASED OF MAY GLORIA JEAN. RADABAUGH 6th. 19 66 Type or print DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE IF UNDER 24 HRS 7. MARRIED n years NEVER MARRIED birthdoy) Months Dovs Hours JULY 15th.1934 WIDOWED DIVORCED Office PEMALE WHITE tem 100 USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA "MACH OP" CONING DEPT. CELANESE CORP. MARYTAND Exominer s poge in a 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within FRANCIS BLANK MARY C. HUNT puo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown). (If yes give wor or dates of service) or removol, 219-32-4106 FRANCIS BLANK, MT. SAVAGE, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) word cartificate should cremotion, Conditions, if any, which gave rise to immediate couse (a), farwarded to DUE TO stoling the underlying couse o 11 05 burial, a PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) WAS AUTOPS
PERFORMED? YES PC NO cert ficate, pe 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) should CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge designoted 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry 🔪 for Inspection X and in my opinion funeral director. deoth resulted from: Noturol couses Accident Suicide | ' Homicide X Undetermined monner moy be retoined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ... SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 moy 170 FUNE KITARELIC, MD Address (Street, city town, or county) the 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREO! 23d. LOCATION (City or Town) MAY 10, 1966 ST. GEORGE'S CEMETERY MT SAVAGE MD STRAR 256. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 1966 JOSEPH R. DURST, SR., FROSTBURG. MD. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE Maryland p. COUNTY b. COUNTY 2, and 3 to PM3. Page Allegany to Allegany after death. MARYLAND Department b CITY OR TOWN (if outside corporate imits. c .ENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Cumberland 10 Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e, writing the ward 'pending' in penal in Item 18. Give Pages 1, ? forwarded to the Chief Medical Examiner's Office along with farm hours 3 Springfield Blvd 3 Springfield Blvd YES NO SE 24 hours after death 3 NAME OF First M ddle Last 4 DATE Month within 72 DECEASED Richard Hamilton. (Type or print) Radabaugh 19 66 Mav DEATH S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** lost, birthday) Months Dovs WIDOWED & DIVORCED August 22,1918 White Male 100 USUAL OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even fret red).
Employee of COUNTRY? U.S.A. NDUSTRY Tire Company Kelly S West Virginia This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sturm (Deceased) Ruby Radabaugh IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service)
Yes WW II burral, cremation, or remaval. 213-24-7322 Mrs. Lois R. Small Cumberland. Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) INTERVAL BETWEEN Sudden DEATH PART I DEATH WAS CAUSED BY Shotgun blast of head IMMEDIATE CAUSE (o) DUE TO (Self Inflicted) Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, NO DU 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld be the Health ar its designated agent, prior to shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port I of them 18.) PRIMARY ar CONTRIBLTING CAUSE OF DEATH 20f (City or fown) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NIJRY (Hame, farm (County) (State) Hour am factory, street, affice bldg, etc.) Nat While at work at wark 2) I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [X]. Inquiry X and in my opinion death resulted fram-Suicide 🔣 Hamicide Undetermined manner Naturol causes . . Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER IN May 6, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county/Cumberland. Md. NAME (Type) 23b. DATE THEREOF 230 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVALISPECTY)
Burial 5/8/66 Hillcrest Burial Park Cumberland Allegany Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Ruth E. Silcox Cumberland Maryland 21502

Milantes V

MAY 9

1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 66283 requires that the death certificate be executed within 24 hours after death puo 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Allegany Maryland allegeny nd completely filled in by the fur emove carban papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Westernmort vear Cumlerland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? STILVA: RETREAT 305 Central Avenue YES NO IX 3 NAME OF First Middle 4. DATE remove carban Lost Month Doy Year DECEASED Lottie Riley May Reed (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours 4/5/85 White Penale WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Griffin James W. Byran burial, cremotian, or remo 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service Walter Riley-Westernport, Md. IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),
PART | DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH , dequession 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. Conditions, if only, which gove rise to immediate couse (o), DUE TO stating the underlying couse SO 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO NO T FUNIRAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED (Stote) 20c TIME OF INJURY Month, Day, Year 20s PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg, etc.) Hour em. Not While at work at work arch 13, 19, 65, to lev 12, 1966, that (1) (we) last 21 | certify that (I) (this hospital) attended the deceased fram_ 3 should with the 5 saw the deceased alive an 12 19 66, and that death accurred at 9 A.M. from causes and on the date stated obave. 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** MED. DIRECTOR M.D PHYS 22d. ADDRESS 22c PHYSICIAN S Greene St., Cumberland, Ed. L. Mathews, r. D. director, pa should be f NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION (County) (Stote) BUREMOYAL (Specify) 5/15/66 Philos Md. Westernport -Alle. ADDRESS 250, RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Munice VR A15 (4) C 20 M 1/66 1966 Westernport, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 06285 The low requires that the death certificate be executed within 24 hours ofter death ond completely filled in by the funeral remave carbon papers. Pages 1 and I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed fixed, if institution, Residence before . COUNTY EGANY b. COUNTY MICHALD ALL EGANY MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) E LENGTH OF STAY IN 16 contributed and que vigorest town) HRS. CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 113 WEST FIRST ST. MEMORIAL HOSPITAL YES NO X 3 NAME OF Middle 4 DATE First Month Year DECEASED OF DEATH ELLA VIRGINIA RITZ 30 1966 MAY (Type or print) IF JNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (n years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Dovs Hours FEMALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housevife OLUNDUSTRY OM & CUMBERLAND, MD. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME HOWARD A. GRIMM ELIZABETH REED or remo 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL. CUMBERLAND. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-tronsit signed by fl IMMEDIATE CAUSE (o' be retoined by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO for use as the b stating the underlying couse this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bidg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on may 30 19 6 6 and that death occurred 200 A.M. from courses and on the date stated above 220. SIGNATUR 22b. DATE SIGNED MED. DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) June 2.1966 Cumberland, Md .- Allegan Hillcrest Burial Park 25o, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Scarrelli, Cumberland, Md 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 06286 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission a. COUNTY b. COUNTY MARYLAND Allegany b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Mt. Savage d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Manth Yeor DECEASED (Type or print) DEATH Qharles Garfield Rizer 19 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Haurs Male WIDOWED X 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) during most of warking life, even if retired) Kelly Springfield Mt. Savage, Md. USA Implovee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Weinknott Solomon Rizer 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 4-05-9643 Miss Betty Rizer, Mt. Savage, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 254 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? NONE YES NO | 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form. 20f. (City or town) Day: Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg, etc.) Haur o. m. White Not wh of work p. m. 21 I certify that (1) (this hospital) attended the deceased from SEPT-4. to __ 17.MA4 ___, 19.66 that (1) (we) last 19.66 and that death occurred at 2.P.M., from the causes and on the date stated above sow the deceased alive on IIMH 22a SIGNATURE ATTENDING MED DIRECTOR 22c PHYS CIAN S 22d. ADDRESS NAME (Type 48 BROADWAY - FROSTBUK 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City, fown, or county) REMOVAL (Specify) Bedford Pald Alto Cemetery 256 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06287 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution: Residence before admission) o. COUNTY n STATE **b** COUNTY 2, and 3 ta PM3. Page ᇴ Allegany Allegany after death. Maryland MARYLAND Department b City OR TOWN (If outside corporate invits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 6 Weeks Cumberland Cresaptown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS haurs alang with farm Memorial Hospital Bel Aire Give Pages YES NO 1 after death 3 NAME OF Middle First 4 DATE Month Lost Doy Year within 72 DECEASED (Type of pnnt) 0F Nellie Elisa May Ruehl DEATH 19 S SEX 9 AGE (n years IF UNDER F UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours haurs Female White WIDOWED DIVORCED April 29, 1896 70 Yrs event ша 10a USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working I te, even if retired) INDUSTRY COUNTRY? dny At Home Housekeeper Maryland
14. Mother's Maiden NAME II-S-A pages 13. FATHER'S NAME This certificate shauld be executed within pencil forwarded to the Chief Medical Examin ⊑ Joseph Winebrenner pup Ida Leasure IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Franklin Street (Yes no, or anknown) (If yes give wor or dates of service) crematian, ar remaval, writing the ward "pending" 216-14-1379 Cumberland, Maryland No Thomas E. Ruehl 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN ONSET AND DEATH CHRONIC MYOGARDITIS IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse burial, a lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X ar its designated agent, prior ta g 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of Item 18) PR MARY I or CONTRIBUTING I CAUSE OF DEATH (Lity or town) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Page at work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy inspection A and in my apinion Natural causes the funeral director. death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ DEPUTY MEDICAL EXAMINER X May 1, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Hearth (Address (Street, city, town, or county) Cumberland NAME (Type) Md 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION. (Stote) 400 REMOVAL (Specify)
Burial LaVale Allegany Maryland

Bistrar 25b REGISTRARS SIGNATURE Rest Lavm Memorial Gardens 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Milanter Ruth E. Silcox Cumberland, Maryland 6M 1/66



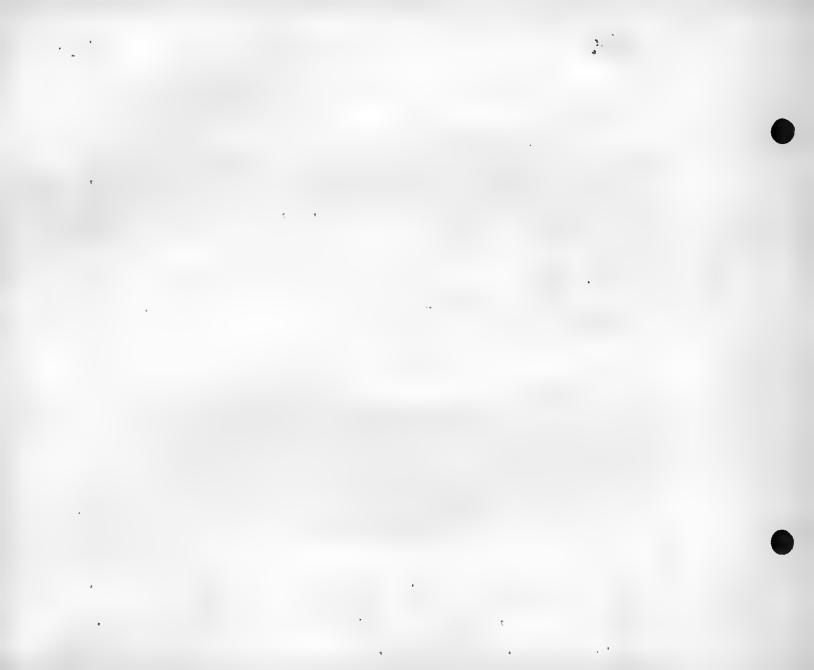
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06284 death. requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate i mits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers Pag hin 72 haurs c winte RURAL and automorest town) 16 DAYS CHMBERTAND d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 19 HUMBIRD ST NO X YES 🗔 Middle 3 NAME OF First Last 4 DATE Manth Doy Year DECEASED GEORGE B. SAPP 5/25/66 19 (Type or print) DEATH event IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (in years 6 COLOR OR RACE 7 MARRIED V 8. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Haurs Davs 5/14/05 MALE WHITE WIDOWED DIVORCED In an 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
DRIVER INDUSTRY COUNTRY? TAXI CAB THOMAS, W. VA. TISA 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME removal, GEORGE B. SAPP LAURA BARRICK 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates at service) PT'S CHART 1214 05 4368 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 許 lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANTS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) use NO YES Ē 20b. DESCRIBE HOW INJURY OCCURRED (Enter/nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While ot wark at work Page 4 may be retained by 1966 19 6 Athat (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 35 M, fram causes and an the date stated above. sow the deceosed alive on_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS director, page shauld be filled 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. L. LEY 230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) HYNDMAN CEMETERM HYNDMAN. PA. MAY 27.1966 2Sh. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR CUMBERLAND, MD. KIGHT VR A15 (4) 20 M 1/66



#-1(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND						
FOR STATE	66289 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6285						
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md. 2 Hours 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence (Where deceased lived,	leghany /						
3 to the functal Page 5 may be tate Department burs after death.	Cumberland, Md. 2 Hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital 8 Brook Street	a. IS RESIDENCE ON A FARM? YES NO.						
ny de M3. M3. the S 72 h	3. NAME OF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) Francis Richard Sass. DEATH May 15	Day Year 19 66						
Free death. If an within event within	Male W WIDOWED DIVORCED 8/30/4, 19 yrs. MONTHS DIVORCED 10s. USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or 11. BirthPlace (State or foreign country) 12. City during most of working life, even if retired)	ZEN OF WHAT						
ages I amy	Student College Swickley Valley, Pa. U 13. FATHER'S NAME Francis R. Sass Louana M. Kopsa	.S.A.						
l within 24 ho pencil in Item miner's Ur permit. File i removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address Cora (Yes, no, or unknown) (If yes give war or dates of service) 17. 1-36-2990 Mr. Francis R. Sass & Brooke S							
ecuted wings, in per la Examina ransit per	PART I. DEATH WAS CAUSED BY: Intracranial Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 2hrs.20 M						
nould be executed ord "pending" in hief Medical Exam s a burial-transit is al, cremation, or i	Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if eny, which (b) Skull Fracture DUE TO (c)	119. WAS AUTOPSY						
rifficate slang the world to the C be used a for to buri	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Item 18.) PRIMARY TO CONTRIBUTING D PRIMARY TO CONTRIBUTING D PASSENGET IN Auto Wreck							
NER. This ce ficate, writi te forwarder e 3 should d agent, pri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., While Not While Not While States)							
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my death resulted from: Natural causes, Accident, Sulcide, Homlcide, Undetermined manner chief medical examiner actual signature chief medical examiner m.d. Assistant medical examiner peputry medical examiner perunday 15, 1966 address (street, city, town, or countyCumberland perunday discontinuity perunday discontinuity								
execute Page I for your Its OFRICE OF ITS OF	ACTUAL SIGNATURE							
TO DEPUT please director retained TO FUNE	23a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify) 5/18/66 Conagnolis Cometony 25a Rec'd by Registran (25b) Registran's	heny pa						
VR ALSME (5) 5M 1/65	H. Wayne George Cumberland, Md. DAMAY 23 1966 gelianles	Judge						



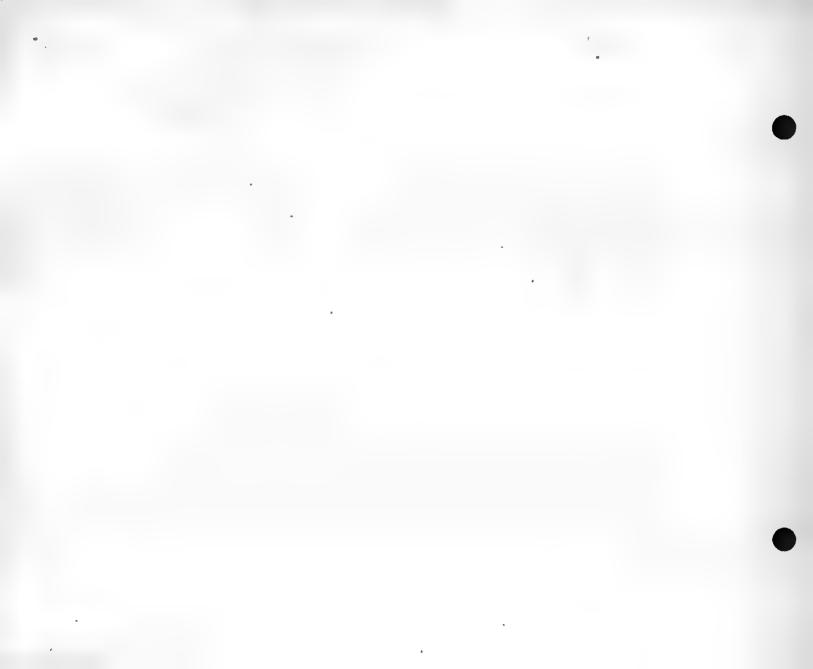
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06290 CERTIFICATE OF DEATH death, executed within 24 hours after death completely filled in by the funeral nave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND ALLEGANY ve carban papers. Pages 1 event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) 5 DAYS FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 40 WRIGHT STREET MINERS HOSPITAL NO X 3 NAME OF Middle 4. DATE remave carban First Lost Year Day OF DEATH DECEASED BLANCHE SAVAGE MAY 19 66 (Type or print) AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED 72 pirthday) Manths Days Haurs FEMALE FEB. 22, 1894 WHITE WIDOWED or removal, and in any DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 10a, USJAL OCCJPATION (Give kind of work done law requires that the death certificate be during mast of working te, even if retired) INDUSTRY please MARYLAND the attending physician sit permit. Then please STENOGRAPHIC REFRACTORIES 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME HARRIET MURPHY GEORGE M. SAVAGE 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 15 WAS DECEASED EVER IN U.S. AKMED FORCES:
(Yes, no, ar unknown) (If yes give war or dates of service) 13–10–9901A burial-transit permit. OLIN SAVAGE, FROSTBURG, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Acute Cardiac ONSET AND DEATH IMMEDIATE CAUSE (a) signed by be retained by the hospital ar attending physician. DUE TO burial, Atherosclerosis Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse far use as the t f Health priar ta b O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? AFDICAL CERTIFICATION tertrochanteric Femur NO N 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19 at wark at work , 1966. to May 2). I certify that (1) (this hospital) attended the deceased from May 4, 1966, to May 9, 1966, that (1) (we) last saw the deceased glive an May 9, 1966, and that death accurred at 050 AM, from causes and an the date stated above. 9 , 1966, that (1) (we) last saw the deceased alive an May 22b. DATE SIGNED 22a SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 5-11-66 22d ADDRESS 22c. PHYSICIAN'S ALVIN WALTERS, M. D. 48 BROADWAY, FROSTBURG, MD. NAME (Type) directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 23g BURFAL, CREMATION, BURIAL (Specify) MAY 12, 1966 FB'G. MEMORIAL PARK FROSTBURG. 24 FUNERAL DIRECTOR VR A15 (4) JOSEPH R. DURST, SR., FROSTBURG, MD. 20 M 1/66



	1(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN						
	7 5		06291	CERTIFICATE	OF DEATH	06287 /		
certificate be executed within 24 haurs after death.	campletely filled in by the funeral love carban papers. Pages 1 and 2 y event, within 72 haurs after death		PLACE OF DEATH o. COUNTY ALLEGANY b CITY OR TOWN (If autside corporate limits,	MARYLAND T C LENGTH OF STAY IN 16	O STATEW. VA.	b. COUNTY NERAL ate limits, write RURAL and give nearest town)		
ours o	s. Pag haurs		WEUMBERLAND TOWN)	5 DAYS	KEYSER	Y .		
24 h	d in Pers. 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d STREET ADDRESS	e is residence on a farm?		
Ē	ly filled an pap within	\vdash	MEMORIAL HOSPITAL NAME OF First	Middle	RT. 4, BOX	Month Day Year		
ed wit	and campletely fremove carban any event, wit	L	DECEASED (Type or print) BESSIE	P. SHO	EMAKER DEATH	MAY 3, 1966		
xecufe	cian and camplet ease remove car andin any event,		SEX 6 COLOR OR RACE 7 MARRIED FEMALE WHITE WIDOWED		9-17-1898	9 AGE (In years IF JNDER 1 YEAR 1F UNDER 24 HRS lost auchday) Months Days Hours Min.		
pe e	ending physician and min Then please rem , ar remaval, and in an	10c	ing most of working life, even if retired)	KIND OF BÜSINESS OR NDUSTRY	11 BIRTHPLACE (County & State, or fo	reign country) 12 CITIZEN OF WHAT COUNTRY?		
cate	rsician o please II, and ir	13	Homemaker FATHER'S NAME	Home	VIRGINIA 14 MOTHER'S MAIDEN NAME	U. S. A.		
ertifi	Then		JAMES CHURCH		IDA JOHNSON			
	E E	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16		IFORMANT	Address		
Pap	permitte ion, ar	L,	es, no, or unknown) (If yes give wor or dates af service) No	· ME	MORIAL HOSPIT	AL, CUMBERLAND, MD.		
requires that the death			18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	or (o), (b), and (d)	a of Sigmo	INTERVAL BETWEEN ONSET AND DEATH		
s the	physician. signed by the burial-transit burial, cremat	ı	114 X MMEDIATE CAUSE (a)	<u> </u>				
quire	physic signed burial- burial,		Conditions, if any, which gave (b) (b)	Carcinon	na quye	us 10-11 y		
¥.	tending I as been s as the b priar to b		stoting the underlying couse last.		0			
The lo	orthen nas b e as e as pric	18	PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1. 4	Y PERFORMEN?		
Ë	ficate ha for use for use Health p	CATION		ana & Caro		e - / I hours! YES NO [
ATTENDING PHYSICIAN:		L CERTIF	20a ACCIDENT WAS UNDERLYING 205 C OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	DEZCKIRE HOM INTOKA OCCORKED (I	Enter noture of finjury in Part I ar Pa	IT II OT ITEM 18.]		
E.	the haspil this certi detached e Dept. af	MED CAL	Hour a.m. Whil		E OF INJURY (Home, form, 20f ry, street, office bldg., etc.)	(City or town) (County) (State)		
N O	After the be de le State l		21. I certify that (I) (this baspital) after	nded the deceased fram	4-28-66,19	10 5 - 3 , 19 6 4 that (1) (we) lo		
	retained ECTOR: A 3 should with the		saw the deceased alive an 2/3	19 <u>G</u> G, and that	death accurred at 2:28	Mem causes and an the date stated above		
OR A	Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the		220. SIGNATURE	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. 22b. DATE SIGNED		
TAL	RAL DIR		22c PHYSICIAN'S NAME (Type) DR A I . MIR	KLN	22d. ADDRESS	NIRE SI		
OSPI	o 4 r JNER ctor, uld k	230	D. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		OCATION (City at Town) (Caunty) (State)		
O HOSPITAL	Page 4 m O FUNERA director, shauld be		REMOVAL (Specify) 5 May 1966	Potomac Val		yser, Mineral W. Vo		
-	VR A15 (4)	2	FUNERAL DIRECTOR	ADDRESS	25MAY BIRBIST	1966 256 george Starten Mysedge.		
	20 M 1/ilá		William III. Kalancas	Keyser. W.	Va DATE			



1 4	Division of STATIS	MARYLAND STATE DE TICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH W. PRESTON STREET, BAL	TIMORE, MARYLAND 2	1201
R STATE	06292	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	ATH	06288
LTH DE T	PLACE OF DEATH		2 USUAL RESIDENCE (Where deco	ased ved, if institution Resid	ence befare admission)
PM3 Page spartment of ofter death	a. (OUNTY Allegan	MARYLAND	o. STATE Maryland c CITY OR TOWN (If autside carpo	b. COUNTY	nv
with the State Department within 72 hours after dear	h CITY OR TOWN (If outside cornerate limit	c. LENGTH OF STAY IN 16			ive nearest tawn)
ffer	write RIPAL and give negrest town) Rural Oldtown	Years	-N	Oldtown	1 1
2	d NAME OF HOSPITAL OR INSTITUTION (If no	ot in haspital, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?
0.0	At Home				YES XX NO
	DECEASED	irst Middle	Last 4. DATI	Month	Day Year
	(Type or print) Roy S SEX 6 COLOR OR RACE	Alonzo	Shryock Sr DEAT		を対する 1966 R I YEAR IF UNDER 24 HRS
				last birthday) Manths	
	Male White 10a USUAL OCCUPATION (G ve kind of work done	10b KIND OF BUSINESS OR	May 18, 1896 II BIRTHPLACE (State or foreign	69 Yrs 12	CIT ZEN OF WHAT
	during most of working life, even if retired) Retired Rubber Worker	INDUSTRY	Maryland		OUNTRY?
	13. FATHER S NAME	Kerry Springriera	14. MOTHER'S MAIDEN NAME	1_0	U A
	Lunda T. Sh	rvock	Florence At	hev	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of	14 SOCIAL SECURITY NO. 17	INFORMANT	Address	
	No	219-07-5299 Mr	s. Mary Shryock		
	1B. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY				NTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE		CCLUSION		SUDDEN
	Conditions, if any, which gave)	CORONAR	Y SCLEROSIS		
	rise to immediate cause (a), { stating the underlying cause }	(0)			
	last.	(c)			
	PART I OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GO	VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	CATIC				YES NO XX
	20a EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING D CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year Hour a.m.	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of njury in Part I ar F	art It of Hern FB)	
	20c TIME OF INJURY Month, Doy, Year Haur a.m.	While - Nat While - fac	CE OF NJURY (Home, farm, 20f. tary, street, office bldg., etc.)	(City or fown) (C	(Stote)
	partiti.	e of the remains described above, he	eld an Autansy Inches	tian X Inquiry X	and in my opin'an
		al causes 🔯 Accident 🔲 Sun			
		· let	CHIEF MEDICAL EXAMINER		
ν	SIGNATURE Sendent	Skitarelia)	M.D ASSISTANT MEDICAL EXAM		22. DATE SIGNED
* 1	EXAMINER'S BENEDICT	SKITARELIC, M.D	DEPUTY MEDICAL EXAMIN		1966
	230 BURIAL, CREMATION, 23b DATE THE			n, or county) Cumber	(County) (State)
	DEMOVAL (Specific)			ar Cumberland	. , , , , , , , , , , , , , , , , , , ,
	24 FUNERAL DIRECTOR	, 1966 Davis Memoria	250. REC D BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE
0	John & Harler/230	Balto Ave., Cumberla	and, Ma MAY 12	1966 Clean	es andre



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely filled in by the funeral o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS CUMB TRLAND CUMBERIA ND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS event, within 72 ON A FARM? SACRED HEART HOSPITAL 187 GOETHE ST. NO remove carban NAME OF First Middle 4. DATE Month Year DECEASED JONES. SMITH OF MAY 12* ADA (Type or print) DEATH SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER **NEVER MARRIED** birthdov Months Hours FEMALE WHITE 11-12-07 In any WIDOWED 10a USJAL OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT pleose during most of working life, even if retired) COUNTRY? INDUSTRY the ottending physicion sit permit. Then please OAKLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BAYER BASHOR CROSS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT IraAddIssSmith (Yes, no, or unknown) (If yes give war or dates of service PATIENT'S CHART, 87 Goethe St. Cumb'dMd No burial-transit pern burial, cremation, CAUSE OF DEATH (Enter only one couse per hae for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 moy be retained by the hospital or ottending physician DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been De detached for use as the State Dept. of Health priar to 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 200, ACC DENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form (County) 20d INJURY OCCURRED 20f (City or town) (Stote) factory, street, office bldg , etc.) Hour o.m. attended the deceased fram_______, 1948, ta_______, 1966, that (I) (we) last 5/10 19 66, and that death accurred at 730 AM, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the saw the deceased-alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d ADDRESS NAME (Type) 23d LOCATION (City or Town)
Cumberland 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) Burial Allegany Hillcrest Burial Park May 15, 1966 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS 2So REC'D BY REGISTRAR Baltimore Ave., Cumberland.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH b. COUNTY ALLEGANY o. COUNTY ALLEGANY MARYLAND se remove carbon papers. Pages 1 d in ony event, within 72 hours after b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 r CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND Barton DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS # IS RESIDENCE ON A FARM2 MEMORIAL HOSPITAL 3. NAME OF DATE First Lost Month Dov Year ond completely DECEASED SMITH MAY JANFT FDGAR 66 19 (Type or pant) DEATH S SEX 9. AGE (n years IF LINDER 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH dost birthday) Doys Months Hours WHITE -6-1888 FEMALE WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most at working life even if retired) COUNTRY? BARTON, MD. 13. FATHER'S NAME WILLIAM SMITH 14. MOTHER'S MAIDEN NAME MARGARET SHAW buriol, cremotion, or remo 17 INFORMANT 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL CUMBERLAND. NONE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physicion. 1051 DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO has been s se os the t th prior to b stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I) of item 1B.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached to should be filed with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INSURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Doy, Year (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. While Not While of work at work 1966 21. I certify that (!) (this hospital) attended the deceased from. 9:50, from couses and an the date stated above. O FUNERAL DIRECTOR: 1966, and that death occurred at saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR PHYS. 22c PHYSICIAN S 22d. ADDRESS NAME (Type) DR. MARK KROLL 122 S. CENTRE ST. . CUMBERLAND . MD 23E NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) LAUREL HILL CEMETERY MOSCOW. BITRIAT 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE BYRON KICHT VR A15 (4) 20 M 1/66 CUMBERLAND, MD.

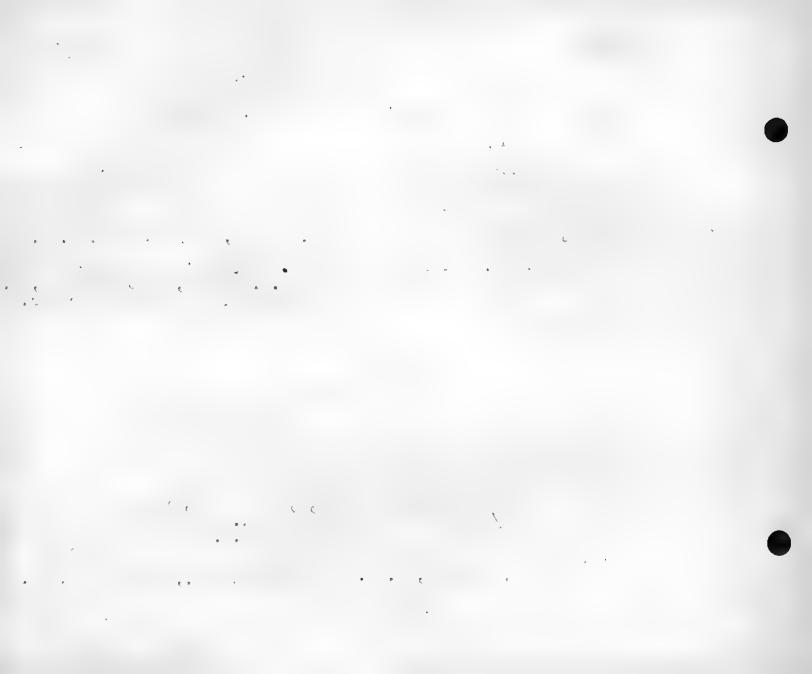


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth and completely filled in by the funeral of corbon papers. Pages 1 and Levent, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission n. COUNTY o STATE 6 COUNTY b. CITY OR TOWN (If autside carparate imits, MARYLAND ALL FGANY c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURA), and give nearest town) CUMBERL GIXEN POPEST town) DAYS **CUMBERLAND** d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 605 VIRGINIA MEMORIAL HOSPITAL NO X 3 NAME OF Middle 4 DATE Year DECEASED 19 66 EDITH M. **SPEELMAN** MAY DEATH (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years **NEVER MARRIED** last Berthday) Haurs 2/23/84 FEMALE WHITE WIDOWED X 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done COUNTRY'S . A. INQUSTRY cremotion, or removol, and W. VA. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME HENRY PAXTON ANNIE BOCKER 16 SOCIAL SECURITY NO. 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ne_or unknown) If it was give war at dates of service) MEMORIAL HOSPIT WAL , CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burnol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUF TO signed buriol, Canditions, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause Poge 4 may be retained by the hospital or attending this certificate has been 3 should be detached for use as the with the State Dept. of Heolth prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? 18 cerusty is 20a ACCIDENT WAS UNDERLYING □ 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg , etc 1 at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. the deceased fram ______, that (1) (we) last _____, that (2) (we) last _____, and that death accurred at 2 50 M, tham causes and an the date stated abave. saw the deceased gliveran mary 17 22a SIGNATURE DIRECTOR PHYS director, poge should be filed 22d ADDRESS 22c PHYSICIAN NAME (Ripe) VIRGINIA AVE. CUMBERLAND. WRIGHT BURIAL CREMATION NAME OF CEMETERY QR (REMATOR) (State) REC'D BY REGISTRAR 25a 2Sb. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 966 Cumberland Mt. Savage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? Allegany County Infirmary New Row NO. YES . executed within completely NAME OF First Middle DATE Day Year 4. Month DECEASED OF DEATH Harriet Thoorig (Type or print) Ann May 19 66 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. NEVER MARRIED White 1887 Female WIDOWED I DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Mt. Savage, Maryland U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jenkins Joseph T. Gurtha Virginia Calcassor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. INFORMANTP . O . BOX 599. Addresumberland, Md. 16. SOCIAL SECURITY NO. 늄 (Yes, no, or unknwn) (If yes give war or dates of service) Allegany County Infirmary records. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-t burial, Conditions, if any, which gave rise to immediate 유유 cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate for u YES No [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work 19/66 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 66 saw the deceased alive on and that death occurred at --M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING TO 22b. DATE SIGNED at MED. page filed STAFF PHYS. DIRECTOR X M.D. HOSPITAL FUNERAL 22d. ADDRESS director, should be Mathews. M. D. Greens St., Cumberland. BURIAL, CREMATION, DATE THEREO CEMETERY OR CREMATORY LOCATION (City, town or county) 2 2 REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 06297 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY ely filled in by the fune ban papers. Pages 1 o within 72 hours after d ALLEGANY MARYLAND ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
FROSTBURG FROSTBURG LIFE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 94 W. MECHANIC STREET 94 W. MECHANIC STREET NO K NAME OF DATE pan First Middle Lost Month Dov Year DECEASED MAY 24, 19 66 ROBERT THOMPSON (Type or print) DEATH IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdov) Months Hours WHITE DEC. 9. 1899 MALE WIDOWED DIVORCED the attending physicion and sit permit Then please rem ond in ar 100 SUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TRUCK DRIVER 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) U.S. FROSTBURG MARYLAND 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremotion, or removol, LUCY LAFFERTY JAMES THOMPSON 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no pryunknown) (If yes give wor or dotes of service 217-10-5185A MRS. ROBT. THOMPSON, FROSTBURG, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (finter only one couse per ting for (o), (b) and (c)) CONSET AND DEATH burial-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed I Conditions, if any, which gove rise to immediate couse (o). DUF TO storing the underlying couse Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been adjrector, page 3 should be detached for use as the as the prior to b last WAY AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION with the Stote Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work 21 | certify that (1) (this hospital) attended the deceased fram 37 - 10 1968, to 5-24, 1966, that (1) (we) last 5-23 1966, and that death accurred at 69.M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S H. C. DIEHL, M. D. W: MAIN ST., FROSTBURG, MD. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, BOH TY ALTSpecify) MAY 26, 1966 PROSTBURG MEMORIAL PARK FROSTBURG, MD. 9 ADDRESS 24 FUNERAL DIRECTOR VR A15 (4 JOSEPH R. DURST, SR., FROSTBURG, MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTY PLACE OF DEATH USUAL RESIDENCE (Where deceased wed, if institution Residence before admission) delay i. and 3 ta o. COUNTY o. STATE **b.** COUNTY Allegany Maruland MARYLAND Alleganu b CITY OR TOWN (If autside corporate limits c CITY OR TOWN (if auts de corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) after Cumberland Lavale. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? haurs (390 McHenry St. Memorial Hosp penal in Item 18. Give Pages YES NO TX 24 haurs after death 3 NAME OF with the Sto within 72 I Earst Lost 4 DATE Month Yeor DECEASED Walker James (Type or print) Mau DEATH 66 DATE OF BIRTH ast b rthday) IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 24 HRS Months Male White Oct. 5. 1878 MIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Paper Hill COUNTRY? S.A. Ceres, Fifeshire, Scotland d "pending" in pencil in Chief Medical Examiner's Ret. Supt. of Production
13. FATHER'S NAME be executed within James Walker Isabella Hutt IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address 109-01-4663 Mrs. Josephine M. Walker 390 McHenry St. remayal, (Yes, no, or unknown) [If yes give war ar dates of service) No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN HONSELDAND DEATH PART 1 DEATH WAS CAUSED BY. CORONARY OCCLUSION Б IMMEDIATE CAUSE (o). This certificate should e, writing the ward farwarded ta the CF crematian, DUE TO CORONARY SCLEROSIS Conditions, flony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page Not While of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X and in my apinian Inquiry V Natural causes X ... Accident ... Suicide . Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/6/66 TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Rt. 9 Cumb. Md. Benedict Skitarelic. M. D. 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 9.0 BULLAL (Specify) Hillcrest Burial Cumberland, Md. 5/9/66 Park 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE DATE MAY 10 VR A15ME (5) Ochanles H. Wayne George Cumberland, Md. 1956 6M 1/66

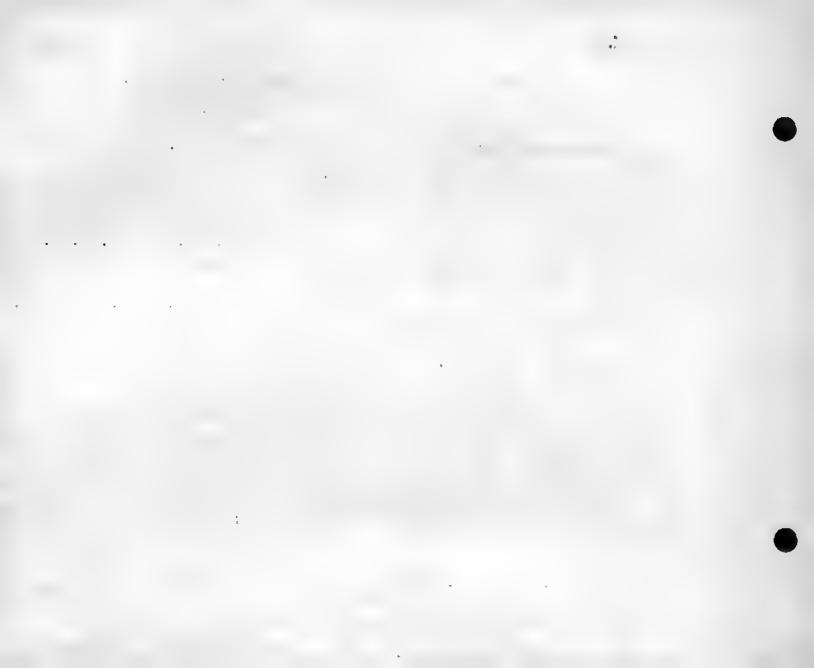
MARYLAND STATE DEPARTMENT OF HEALTH



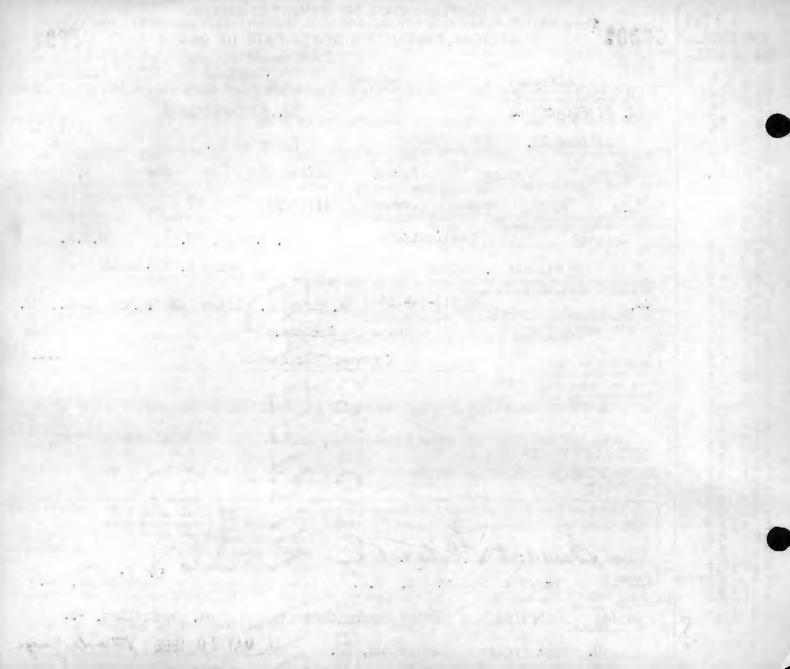
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE MARYLAND b. COUNTY by the fine Pages 1 are after or ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) von papers. Pag within 72 hours <u>.</u> ELLERSLIE YEARS ELLERSLIE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE θ. 24 DN A FARM? No X completely i YES executed within 3. NAME DE First Middle Last DATE 4. Month Day DECEASED (Type or print) DEATH ROBERT WILLIAMS 19 66 MAY SEX 6. CDLOR OR RACE DATE OF BIRTH remove AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months | Days and Hours MALE WHITTE WIDOWED [DIVORCED MARCH 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA MECHANIC PENNA RELECTR TO ALTOONA. 13. FATHER'S NAME attending phy ermit. Then p n, or removal, MOTHER'S MAIDEN NAME IRA J. WILLTAMS FRANCES KIRKPATRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ermit. (Yes. no, or unkown) (If yes give war or dates of service) has been signed by the at as the burial-transit pern prior to burial, cremation, 0235 MIRIAM WILLIAMS. ELLERSLIE, MD. 09 18. CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTDPSY TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate PERFORMED? ND 17 YES 20a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last saw the deceased alive on and that death occurred at 五M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR M.D. PHYS PHYSICIAN'S director, p 22c. 22d. ADDRESS NAME (Type) JOHN HYNDMAN PA. BURIAL, CREMATION. 23b. DATE THEREDI NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) GARDENS BURIAL LAWN MEMORTAL CUMBERLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. BYRON KIGHT 966 VR ALS (4) CUMBERLAND, MD. 20 M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06300 The low requires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral remove corbon popers. Pages 1 and and I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY n STATE ALLEGANY MARYLAND hours after b. CITY OR TOWN (If autside carporate imits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
CUMBERLAND CUMBERLAND. DAYS d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If pat in haspital, give street address) e IS RESIDENCE hin 72 ON A FARM? 424 FRANKLIN NO X ME MOR LAI HOSPITAL 3. NAME OF Middle 4 DATE First Last Month Year DECEASED 19 66 WILLISON MAY 12. HILDA (Type or print) KATHLEEN DEATH S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost berthday) Manths Days Haurs 3-1-1901 WHITE FEMALE WIDOWED DIVORCED 10o. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (COUNTY & State, or Breath CHITY near UOUNTRY? during most of working life, even if retired) **INDUSTRY** signed by the attending physician buriol-transit parmit. Then please CUMBERLAND, MD. RETIRED TEACHER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSE CHANEY MOSES HANSON WILLISON remoi 16 SOCIAL SECURITY NO. 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, or unknown) ((If yes give war or dates of service Ь MEMORIAL HOSPITAL, CUMBERLAND, MD. NO buriol, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH CARCINOMA TASTATOC IMMEDIATE CAUSE (a) physicion. DUE TO Canditians, if any, which gave OROGON-IVER OR SPIFEN nse ta immediate cause (a), DUE TO r this certificate has been side detached for use as the bite Dept. of Health prior to b stating the underlying couse Poge 4 may be retained by the hospitol or ottending lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PAGETS DISEASE NO 20a ACCIDENT WAS JINDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home form, 20c. TIME OF INIURY Month, Day, Year 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from should 30M Mam causes ond on the date stated above. , and that death accurred of saw the deceased alive on 5 19 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR poge e 22d. ADDRESS 22c. PHYSICIAN NAME (Type) NATIONAL HIGHWAY USBY DR. THOMAS director, g 23d. LOCATION (City or Town)-A "(County) > "14State) BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Hillcrest Burial Park Cumber land Allegany 25b REGISTRAR'S STGNATORE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1966 Raltimore Ave. Cumberland



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06297
HEALTH DEPT.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission a. STATE Maked and b. COUNTY Appacants
f any delay in cessary, 1, 2, and 3 to the funeral in PM3. Page 5 may be the State Department in 72 hours after death.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt. #2 Flintstone C. LENGTH OF STAY IN 1b Rt. #4 Cumberland
delay the first of	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Williams Rd. A. IS RESIDENC. ON A FARM? YES NO
any de 2, and PM3. h the S n 72 h	NAME OF First Middle Last 4. DATE Month Day Year DECEASED Type or print) George Thomas Wilson BEATH May 5, 1966 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HR
form form	Male White WIDOWED DIVORCED 11/22/08 57 yrs. Hours Min.
alorg after dead	USUAL OCCUPATION (Give kind of work done industry) Laborer Agriculture FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY Agriculture Mt. Savage, Md. 12. CITIZEN OF WHAT COUNTRY? Laborer Agriculture Mt. Savage, Md. U.S.A.
and	Francis W. Wilson Mazie E. Robinette WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
7.50	No. (If yet give wer or dates of service) 212-24-0556 Mr. Harry R. Wilson Balto Pike Cumb., Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
cuted v g' in p l Exam ansit p	PART I. DEATH WAS CAUSED BY: Coronary Occlusion Coronary Occlusion
d be executed "pending" in I Medical Exar burlat-transit cremation, or	Conditions, if eny, which gave rise to immediate couse (a), stating the DUE TO
EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil nould be forwarded to the Chief Medical Examiner's les. R: Page 3 should be used as a burial-transit permit. Signated agent, prior to burial, cremation, or remova	underlying cause lest.) (c)
R. This certificate, writing the forwarded to the 3 should be us agent, prior to	YES NO
VER: This icate, we forware a short	20c. TIME OF INJURY Month, Day, Year Hour a.m. y.m. 19 20d. INJURY OCCURRED While at work of the p.m. 19 20d. INJURY OCCURRED FLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.)
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
20 20 20	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (X) Nau 5, 2966
O DEPUTY MED please execution director. Page retained for yo or FUNERAL DIR	EXAMINER'S Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland, Md. BURIAL, GREMATION, 23b. Date Thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
D Separate D	REMOVAL (Specify) Rurial 5/8/66 Green Meadow Cemetery nr. Cumberland, Md. FUNERAL DIRECTOR ADDRESS 258. REGISTRAR 256. REGISTRAR'S SIGNATURE
VR AISME (5)	H. Wayne George Cumberland, Md. DATE MAY 10 1866 gcharles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06302 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral I and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before o. COUNTY o. STATE ALLEGANY bon papers. Pages 1 c. within 72 haurs after d ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give negrest town)
CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS RT. e. IS RESIDENCE #4. BOX 205. ON A FARM? 50 HOSPITAL YES X NO T MEMORIAL MiddleZimerly 3. NAME OF 4. DATE First carbon Day Year DECEASED ZIMMERLY 66. HERVEY MAY 19 (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED os) birthday) omov omv e Months Hours -28-1881 WHITE MALE DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Farmer INDUSTRY and CUMBERLAND. MD. Farm Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, URSULA STALLINGS GEORGE ZIMMERLY (Zimerly) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, na, or unknown) (If yes give wor or doles of service MEMORIAL HOSPITAL - CUMBERLAND. MD. 218-34-2691 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) ò **DUE TO** signed Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO Page 4 may be retained by the hospital ar this certificate 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) 20c. TIME OF INJURY Month. Dov. Year (County) Hour o.m. foctory, street, affice bldg., etc.) Not While at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram . 19 65. to. 5/13 , 1966, that (1) (we) last 19 16, and that death occurred at 8:001, Rom Nauses and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS. 5/12/6 ed poge be filed 22d. ADDRESS 22c. PHYSICIAN'S CUMBERLAND, MD N. CENTRE ST .. NAME (Type) P. IAMES WILLIAM director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) TREMOVAL (Specify) May 16,1966 Davis Memorial Cemetery Cumberland . Ma . Allegany 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James F. Scarpelli. Cumberland. Md. 1966

MARYLAND STATE DEPARTMENT OF HEALTH

